







**Patan Academy of Health Sciences**  
**School of Public Health**  
Lagankhel, Lalitpur, Nepal

Recent Colour  
PP size photo  
without cap & glasses

**SoPH Program Registration Form**

1. पूरा नाम थर (देवनागरी लिपीमा):.....

2. **Full Name** (In CAPITAL LETTERS)

First Name

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Middle Name

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Family Name

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3. **Gender:**

Male	
Female	
Other	

4. **Marital Status:**

Unmarried		Married	
Divorced		Widowed	

5. **Date of Birth:**

	dd	mm	yyyy
A.D.			
B.S			

6. **Nationality:**

Country:..... Citizenship/ID No.: ..... Type of ID (Issued by Govt.): .....

Date of Issue: ..... Issue Authority (District):.....

7. **Permanent Address:**

Country: ..... Province:..... District:.....

Municipality:..... Ward Number:..... House Number: ..... Village/Tole: .....

8. **Temporary Address:**

(if different from the Permanent Address)

Country: ..... Province:..... District:.....

Municipality:..... Ward Number:..... House Number: ..... Village/Tole: .....

9. **Contact Detail:**

Mobile:..... Landline Tel: .....  
(with area code)

Email:.....

10. **Parents Details:**

Father's Name: ..... Mobile No.:.....

Mother's Name:..... Mobile No.:.....

11. **Spouse Detail ( if married):**

Full Name:..... Mobile No.:.....

Email:.....

**12. Local Guardian's Detail:**

Name (Full):..... Relation:.....  
 Country: ..... Province:..... District:.....  
 Municipality:..... Ward Number:..... House Number: ..... Village/Tole: .....  
 Mobile:..... Landline Tel: .....  
 (with area code)  
 Email:.....

**13. Category of Bachelors/Undergraduate Degree Attained**

BPH	<input type="checkbox"/>	MBBS	<input type="checkbox"/>
B.N./B. Sc. Nursing	<input type="checkbox"/>	BMLT	<input type="checkbox"/>
BAMS	<input type="checkbox"/>	B. Pharmacy	<input type="checkbox"/>
B. Optometry	<input type="checkbox"/>	B.D.S.	<input type="checkbox"/>
B. Sc. MIT	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/> .....

**14. Bachelors/Undergraduate Degree Detail:**

Name of Institution: .....  
 Address of Institution: .....

**15. Council Registration Number (Post-Bachelor Degree):**

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**16. Council Registration Number of Respective Countries (For Foreign Students only):**

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**17. Bachelors/Undergraduate Degree Studied under Scholarship:**

Yes  No

**18. Source if Bachelors/Undergraduate Degree Studied under Scholarship:**

Nepal Government  Others  (specify) .....

**19. Date of Completion of Service Bond (if any):**

Date (in A.D.)	dd	mm	yyyy
Date of Completion of Service Bond (if any):			

**20. Work Experience:**

SN	Institution	District	Duration			Postition
			From (dd-mm-yyyy)	To (dd-mm-yyyy)	Total Month	

**21. Details of Academic Achievements:**

(S.L.C. and above or equivalents)

Qualification	Institution Name & Address	Board	Complete year	Registration number	Full Marks	Marks Obtained	Percentage /CGPA
SLC or equivalent							
10+2 or equivalent							
Bachelors/ Undergraduate							

**1. Declaration:**

**Declaration:**

I hereby **declare** that all the information furnished above in this form is in accordance with facts or truths to my knowledge. I take full responsibility for the correctness of the said information.

**Signature of Student:**

**Thumb Prints of Student:**

*Right*

*Left*

**Date:** .....

**Form Verified by**

(For Official Purpose Only)

Signature :

Name :

Designation:

Date :