Patan Academy of Health Sciences

School of Medicine

Office of the Dean
Lagankhel, Lalitpur, Nepal

GPO Box No. 26500, Kathmandu
☎: +977-1-5545112, Fax: +977-1-5545114
Email: pahs@pahs.edu.np
Web Page: www.pahs.edu.np

Registration Form

MD/MS Program

Batch-VI
(2022/2023)
2079

आवेदकको पूरा नाम र थर : ....

Full Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
(in CAPITAL LETTERS)

MEC Common Entrance Exam (CEE) Roll Number: | | | | | |

MEC Common Entrance Exam (CEE) Rank: | | | | | |

Category of Selection :

- ☐ Open
- ☐ Nepal Government
- ☐ Foreign

Subject/Specialty Enrolled:

	General Surgery
	Internal Medicine
	Paediatrics
	Obsteterics & Gynaecology
	General Practice & Emergency Medicine
	Orthopaedics
	Anaesthesia
	Dermatology
	ENT
	Psychiatry
	Radiology
	Pathology

1. Please complete this form with a BLACK COLOUR Pen.
2. Use CAPITAL LETTER in Name and Address areas (Mandatory)
3. Just use tick mark (✓) in expected places in this form.
4. Signature and the thumb print should be done by the student in the presence of designated authority.

Patan Academy of Health Sciences

School of Medicine

Office of the Dean
Lagankhel, Lalitpur, Nepal

Recent Colour
PP size photo
without cap & glasses

Registration Form

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

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

First Name

Middle Name

Family Name

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:

Full Name:…………………………………………………… Relation:…………….……………

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

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

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

Email:………………………………………….…………

13. Undergraduate Medical School Detail:

Name of Institution: ....

Address of Institution: ....

Date (in A.D.)	dd		mm		yyyy			
Graduation (excluding Internship)								
Completion of Internship								

14. Nepal Medical Council Registration Number:

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

16. Bachelors/Undergraduate Degree Studied under Scholarship:

Yes ☐ No ☐

17. Source if Bachelors/Undergraduate Degree Studied under Scholarship:

Nepalese Government ☐ Others ☐ (specify) ……………………………………..……

18. Date of Completion of Service Bond (if any):

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

19. Work Experience:

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

20. Details of Academic Achievements:
(S.E.E./S.L.C. and above or equivalents)

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

21. 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 :