



**Patan Academy of Health Sciences**  
**School of Nursing and Midwifery**  
**(Lalitpur Nursing Campus)**  
**Sanepa, Lalitpur, Nepal**

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**Registration Form**  
**Master in Nursing (MN) Program**  
**Batch-VI**  
**(2022/2023)**  
**2079**

आवेदकको पूरा नाम र थर : .....

**Full Name:**

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(in CAPITAL LETTERS)

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


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

**Category:**

**Subject/Specialty Enrolled:**

- a.  Open
- b.  Nepal Government
- c.  Foreign

	Adult /Medical Surgical Nursing
	Community Health Nursing
	Paediatric/Child Health Nursing
	Psychiatric Nursing
	WHD/Maternal Health Nursing

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



# Patan Academy of Health Sciences

## School of Nursing and Midwifery

Sanepa, Lalitpur, Nepal

### Registration Form

Recent Colour  
PP size photo  
without cap & glasses

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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**

- B.N.
- BNS
- B. Sc. Nursing
- Others (specify) .....

**14. Nepal Nursing Council (NNC) Registration Number:**

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

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**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.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							
Bachelors/ Undergraduate							

**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 :