



PAHS- Registration Number

Patan Academy of Health Sciences School of Nursing & Midwifery

(Lalitpur Nursing Campus)

Sanepa, Lalitpur, Nepal

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Email: inc@pahs.edu.np

Web Page: www.pahs.edu.np

Recent Colour

PP size photo

without

cap & glasses

Registration Form

BNS Program

Batch-VI

(2079/080)

2023

आवेदकको पूरा नाम र थर :

Full Name:

(in BLOCK Letters)

MEC Common Entrance Exam (CEE) Roll Number:

MEC Common Entrance Exam (CEE) Merit Order:

MEC Common Entrance Exam (CEE) Priority Order:

Category of Selection :

Sub-Category:

Scholarship

Payment

Foreign

Open

Foreign

Aadibasi Janajati

Female

Dalit

Madhesi

Backward Region

Khas Arya

Disable

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 Nursing & Midwifery
(Lalitpur Nursing Campus)
Sanepa, Lalitpur, Nepal

Recent Colour
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without cap & glasses

Student Registration Form

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

2. **Full Name** (In BLOCK Letters)

First Name

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Middle Name

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

Family/Last 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 country & 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 No.:..... House No.: Village/Tole:
 Mobile:..... Landline Tel:
 (with country & area code)
 Email:.....

13. Academic Background:

- | | |
|--|---|
| <input type="checkbox"/> 10+2 in Science | <input type="checkbox"/> Intermediate in General Medicine |
| <input type="checkbox"/> Intermediate in Science | <input type="checkbox"/> Intermediate in Medical Lab Technology |
| <input type="checkbox"/> Diploma in Ophthalmic Science | <input type="checkbox"/> Diploma Pharmacy |
| <input type="checkbox"/> Diploma in Dental Science/Hygiene | <input type="checkbox"/> Others (<i>please mention</i>)..... |

14. Council Registration Number (if any):

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15. Studied under Scholarship:

- Yes No

16. Source if Studied under Scholarship:

- Nepalese Government Others (*pls specify*)

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

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

18. Details of Academic Achievements:

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

Qualification	Institution Name & Address	Board	Completion Year	Registration Number	Full Marks	Marks Obtained	Percentage /CGPA
SLC or equivalent							
10+2 or equivalent							

19. Work Experience:

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

20. 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 :