



Patan Academy of Health Sciences

School of Nursing & Midwifery

(Lalitpur Nursing Campus)

Sanepa, Lalitpur, Nepal

Recent Colour
PP size photo
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

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Family/Last 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 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:

- 10+2 in Science
- Intermediate in Science
- Diploma in Ophthalmic Science
- Diploma in Dental Science/Hygiene
- Intermediate in General Medicine
- Intermediate in Medical Lab Technology
- Diploma Pharmacy
- Others (*please mention*).....

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 :