



Patan Academy of Health Sciences

Lagankhel-5, Lalitpur, Nepal
Tel: 977-1-5545112

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(without cap &
glasses)

Application for Fellowship Program (2022/2023)

Program Applying For: (Please Tick One)

<input type="checkbox"/>	Emergency Medicine
<input type="checkbox"/>	Clinical Rheumatology
<input type="checkbox"/>	Infectious Disease
<input type="checkbox"/>	Paediatrics Critical Care Medicine
<input type="checkbox"/>	Palliative Care

Category of Enrollment: (Please Tick One)

<input type="checkbox"/>	Open
<input type="checkbox"/>	Institutional Sponsorship
Sponsoring Institution:	
Name:	
Address:	Contact No.:

Full Name:

Date of Birth:

	dd	mm	yyyy				
A.D.							
B.S.							

Gender:

<input type="checkbox"/>	Male	
<input type="checkbox"/>	Female	
<input type="checkbox"/>	Other	

Marital Status:

<input type="checkbox"/>	Unmarried	<input type="checkbox"/>	Married	
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	

Permanent Address:

Province: _____ District: _____ VDC/MP: _____ Ward No: _____

Temporary Address: (if different from Permanent)

Province: _____ District: _____ VDC/MP: _____ Ward No: _____

Contact Detail:

Mobile: _____ Landline Tel: _____ Email: _____

Name of Spouse: (if married)

Number of Children with Age:

Name of Parents/Guardian/Spouse: _____

Educational Training and Professional Qualifications:

Degree/Qualification	Name & Address of Institution/University	Duration	Period of Study	Grade/Percentage
MBBS				
Postgraduate				

Work Experience after Completion of MBBS:

Name & Address of Institution	Job Title	Date (From - Until)

Work Experience after Completion of Post graduation:

Name & Address of Institution	Job Title	Date (From - Until)

Names of 2 Persons for Your Character Reference:

SN	Name of Referees	Institution	Contact No.
1.			
2.			

Declaration:

I certify that the above information is true to the best of my knowledge, and I understand that any false information or important information not included will be grounds for immediate dismissal. I therefore authorize the Patan Academy of Health Sciences (PAHS) to investigate my statements. I also declare that I agree not to do any type of private practice until I complete my fellowship. I will follow the rules and regulation of PAHS.

Date: _____

Signature of Applicant:

Documents to be submitted along with this form:

1.	Curriculum Vitae	
2.	Post-graduate Degree Certificate	
3.	NMC Specialty Registration	
4.	MBBS Certificate	
5.	Citizenship Certificate	
7.	Sponsorship Letter (for sponsored candidate)	

Form Verified by:

(For Official Purpose Only)

Registration No.:

Signature:

Name:

Designation:

Date:



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Application for Fellowship Program (2022/2023)

Full Name:

Address: _____

Program applying for:

Emergency Medicine Clinical Rheumatology Infectious Disease Paediatrics Critical Care Medicine Palliative Care

Category of Enrollment:

Open Institutional Sponsorship (Sponsoring Institution: _____)

Date: _____

Signature of Applicant:

Please Note:

- You must bring this "Admit Card" during the entrance examination.
- You must arrive 15 minutes before the entrance examination.
- No electronic devices/gadgets are allowed during the entrance examination.

For Official Purpose only:

Registration No.:

Date of Entrance Examination:

Issuing Authority:

Date of Issue: