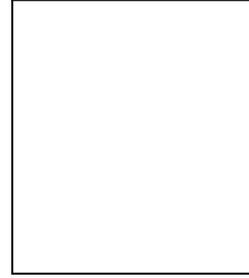


Pokhara Academy of Health Sciences

Ramghat, Pokhara 10 Kaski, Nepal

MD/MS



Personal details

First Name: _____ Middle Name: _____

Last Name: _____

Male / Female Date of Birth: ___/___/_____ B.S ___/___/_____ A.D

Permanent Address: _____

Province: _____ District: _____ Metropolitan/Municipality /Rural

Municipality: _____ Ward No: _____ Tole _____

Temporary Address: _____

District: _____ Zone: _____ Tole: _____ Ward No: _____

Resident Phone: _____ Mobile: _____

Citizenship No: _____ Issue Place: _____

Nationality: _____ Blood Group: _____

Email address: _____

Nepal Medical Council Regd. No.: _____ Permanent Temporary

Issue Date: _____

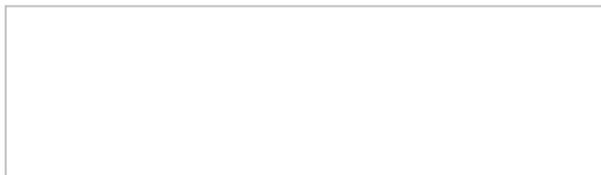
Academic details

Program: _____

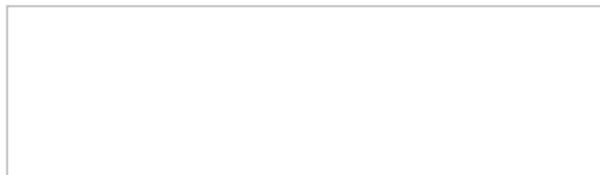
Subject: _____

Duration of course: _____

Enrolled Date: _____

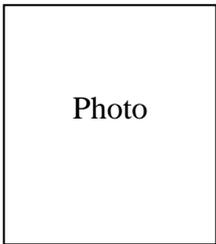


Signature of Student



Signature of Dean

Pokhara Academy of Health Sciences
Office of Dean
Pokhara, Nepal



Application: **For Post-graduate (MD/MS) admission 2076 (2019)**

Applicant's full name: Dr. _____

Applicant's name in Devanagari: _____

Sex	Marital Status	Date of birth
Male <input type="checkbox"/>	Married <input type="checkbox"/>	In AD In BS
Female <input type="checkbox"/>	Unmarried <input type="checkbox"/>	

Father's or Spouse Name: _____

Father's or Spouse Occupation: _____

Address: Permanent: Province: _____ District: _____

MC/RMP: _____ Ward No.: _____ Place: _____

Address: Temporary: _____

Citizen Number: _____ Issue date: _____ Issue Place: _____

Tel No.: _____ Mobile No.: _____

E-mail: _____

Subject: MD/MS _____

Category: MoHP SBH NPH APFH Academy Open

Service Experience

Post	Service Period		Name of Hospital/Organization
	From	To	

I am willing to study & work according to the rules of PAHS Pokhara.

The clearance certificate is attached.

From	1) Institution	YES	NO
	2) Employer's	YES	NO

N.B.: If self sponsored & not working anywhere, the clearance certificate is not needed.

Thumb Print
Right Left

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Signature of Applicant
Date:

Dean