NORVIC
INTERNATIONAL HOSPITAL

CLINICAL FELLOW APPLICATION FORM

Passport Size Photo

1. Personal Information :

Name : .....
(as per citizenship)

Fellowship Program (applied for) : .....

Date of Birth : ...../...../..... (B.S.) day / month / year ...../...../..... (A.D.) day / month / year

Gender : ..... Nationality : ..... Marital Status : .....

Passport/Citizenship No. : ..... NMC Registration No. : .....

2. Address :

Temporary : ..... Permanent : .....

E-mail Address : ..... Contact No. : .....

Native Language : ..... Language Spoken : .....

Emergency Contact Person and Phone Number (e.g. Parent/Spouse etc) :

3. Education Training and Professional Qualifications :

Name of Institution/University	Period of study from month/ year to month/year	Qualification Obtained

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4. Work experience after MBBS completion :

Name of Institution where you worked before, with address	Job Title	Date : From - Until

5. Work experience after completion of MD :

Name of Institution where you worked before, with address	Job Title	Date : From - Until

6. References :

Name	Address	Contact No.	E-mail

7. Enclosures : Following documents resp. data (only PDF-format accepted!) are compulsory :

1. Citizenship
2. Post Graduate Certificate
3. NMC Registration
4. Specialty Certification Provided by NMC
5. Experience Letter
6. Recommendation Letter
7. Account Deposit Voucher

Signature of Applicant : ..... Date : .....