

# Clinical Fellow Application Form



## 1. Personal Information

Name \_\_\_\_\_

(As you would like it to appear on your certificate)

Fellowship Program : (Specialty)

Date of birth : \_\_\_\_\_ (B.S.) : \_\_\_\_\_ (A.D.)  
( DD / MM / YYYY ) ( DD / MM / YYYY )

Gender : \_\_\_\_\_

Passport/Citizenship No. : \_\_\_\_\_

Nationality : \_\_\_\_\_ NMC Registration No. : \_\_\_\_\_  
( If Nepalese )

Marital Status : \_\_\_\_\_

## Address

Temporary : \_\_\_\_\_ Permanent : \_\_\_\_\_

Email Address : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Native Language : \_\_\_\_\_ Languages Spoken : \_\_\_\_\_

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

## 1. Educational Training and Professional Qualifications

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

## Work experience after MBBS completion

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

## Work experience after completion of MD

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

## 3. References

Name	Address	Contact No.	Email

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

- Citizenship
- Post Graduate Certificate
- NMC Registration
- Specialty Certification Provided by NMC
- Experience Letter
- Recommendation Letter

### \* Note :

Application Fee : NPR 5000/-

Late Application Fee : NPR 2000/- extra

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_