





11. Educational Training and professional Qualification (attached all certificates and Citizenship):

Name of School/Campus institute/University)	Period of Study (From month/year to month/year)	Qualification Obtained	Remarks
School Level			
Certificate Level			
Bachelor Level			
Master Level			
Ph. D. or equivalent			

12. Work Experiences:

Institution	Job Title	Job Tenure	Salary Scale

13. Write briefly why you want to apply to Rapti Academy of Health Sciences for this position.

14. Give names for your character reference (Mentioned at least two references):

Name	Address	Email/Phone No.
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____

**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 Rapti Academy of Health Sciences to investigate my statements.

I agree that on termination of my employment I will return any property of Academy issued to me.

15. Full Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Consult to the Office of the Academy or visit website about application form fee. You may submit application through e-mail [info@rahs.edu.np](mailto:info@rahs.edu.np). The submission will be accepted on producing voucher paid in the name of RAHS Laxmi Bank Limited account no. 03911002022 or cash receipt from Rapti Sub-regional Hospital, Ghorahi, Dang along with other essential documents.

# Rapti Academy of Health Sciences

ENTRANCE CARD



Full Name: \_\_\_\_\_

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

Applied Post: \_\_\_\_\_

Registration No. \_\_\_\_\_

Checked By: \_\_\_\_\_



Photo

Note: It is required to collect this card prior to start the exam date.