

## Rapti Academy of Health Sciences Ghorahi, Dang

Application for Employment	Photo
OFFICE USE ONLY	Piloto
Registration:	
Date:	
Number:	

First	Middle		Last
2. Address:			
2a. Permanent: Zone		District:	
Rural Municipal	lity/Municipali	ty:	
Ward No:		Tole/Settlement:	
2b. Temporary:			
3. Position Application for:		4. Citizenship:	
5. Contact Phone No:		Email:	
6. Date of Birth: (B.S.)			
	Year	Month	Day
(A.D.)			
	Year	Month	Day
7. Place of Birth:			
3. Sex: Male/Female:		9. Marital Status: _	
a. Name of Spouse:			
b. Name of Children with Age:	(i)		
	(ii)		
0. Name of Father/Guardian/ I			

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

Supply Carrier

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			

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_				Section 1997		A STATE OF THE PARTY OF THE PAR

Institution	Job Title	Job Tenure	Salary Scale

- 13. Council Registration Number: .....
- 14. Write briefly why you want to apply to Rapti Academy of Health Sciences for this position.

## 15. Referees:

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.

16. 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. The submission will be accepted on producing voucher paid in the name of RAHS Laxmi Sunrise Bank account no.03911002022 or cash receipt from Rapti Academy of Health Sciences, Ghorahi, Dang along with other essential documents.

## Rapti Academy of Health Sciences Ghorahi, Dang ENTRANCE CARD

P	h	0	t	n
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Full Name:	
Address:	
Applied Post:	
Registration No	
Checked By:	

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