



Rapti Academy of Health Sciences

Ghorahi, Dang, Nepal

Application for Clinical Fellowship Programmes

OFFICE USE ONLY

Registration

Date:

Number:

Photo

1. Name: _____
First Middle Last

2. Fellowship Programme Applied for: _____

3. Address:

3A. Permanent

Country: _____ Province: _____ District: _____

VDC/Municipality: _____

Ward No: _____ Tole/Settlement: _____

3B. Temporary: _____

4. Citizenship/ Passport No.:

5. Contact Phone No: _____ E-mail: _____

6. Date of Birth: _____ (B.S.)

Year/ Month/ Day/

_____ (A.D.)

Year/ Month/ Day/

7. Place of Birth: _____

8. Sex: Male/Female: _____ 9. Marital Status: _____

9A. Name of Spouse: _____

9B. Name of Children with age: (i) _____

(ii) _____

(iii) _____

10. Name of Father/ Guardian/ Husband or Wife: _____



11. Educational Training and professional Qualification (attach all academic certificates):

Level of Education	Period of Study (From month/year to month/year)	Qualification Obtained	Institute /University
School Level			
Certificate Level			
Bachelor Level			
Master Level			
Ph.D. or equivalent			
Additional Fellowship			

12. Work Experiences (attach all experience certificates):

Institution	Job Title	Job Tenure	Duration (in year)	Salary Scale

13. Council registration number (Permanent):

14. Write briefly why you want to apply to Rapti Academy of Health Sciences for this programme.

15. Referees:

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

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 regulatory actions. I, therefore, authorize the Rapti Academy of Health Sciences to investigate my statements.

I agree that on termination of my programme, 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 Limited 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

Full Name: _____

Address: _____

Applied Programme: _____

Registration No. _____

Checked By: _____



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