Rapti Academy of Health Sciences

Ghorahi, Dang

Photo

Application for Employment

OFFICE USE ONLY
Registration/Roll No.:
Date:
Number:

1. Name: _____ _____ _____
First Middle Last

2. Address: _____

2a. Permanent: Zone _____ **District:** _____

Rural Municipality/Municipality: _____

Ward No: _____ **Tole/Settlement:** _____

2b. Temporary: _____

3. Position Application for: _____ **4. Citizenship:** _____

5. Contact Phone No: _____

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 of Wife: _____

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. 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

Photo

Full Name: _____

Address: _____

Applied Post: _____

Registration/Roll No._____

Checked By: _____

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