### Government of Nepal Ministry of Health and Population

# **Bharatpur Hospital**



Bharatpur, Chitwan Tel: 977-056-597003

# **Application for Fellowship Program**

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Spine Surgery	•		Open			,
Neonatology				tional Sc	onsorship	
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Full Name:						
Date of Birth:		Gender:			Marital Stat	us:
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A.D.		Female			Divorced	Widowed
B.S.		Other				
Permanent Address:						
	District:		VDC/MP:	:		Ward No:
	VDC/MP: Ward No:   District: VDC/MP: Ward No:   District: VDC/MP: Ward No:					
Temporary Address: (if dij	fferent from Permar	nent)				
Province:	District:		VDC/MP:			Ward No:
Contact Detail:						
Mobile:		Landline Tel:		_	Email	
Name of Spouse: (if marri  Name of Parents/Guardian/Spo				Number	of Children w	ith Age:
<b>Educational Training and Profes</b>	sional Qualifications:					
Educational Training and Profess  Degree/Qualification	sional Qualifications:  Name & Address of Inst	titution/University	Dura	tion	Period of Study	Grade/Percentage
Degree/Qualification		titution/University		tion	Period of Study	Grade/Percentage
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Degree/Qualification MBBS		titution/University		tion	Period of Study	Grade/Percentage
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#### Names of 2 Persons for Your Character Reference:

SN	Name of Referees	Institution	Contact No.
1.			
2.			

#### Declaration:

I certify that the above information is true to the best of m Information or important information not included will be groun the Bharatpur Hospital to investigate my statements. I also de practice until I complete my fellowship. I will follow the rules ar	nds for immediate dismissal. I therefore authorize clare that I agree not to do any type of private
Date:	Signature of Applicant:

#### Documents to be submitted along with this form:

1.	Curriculum Vitae	
2.	Post-graduate Degree Certificate	
3.	NMC Specialty Registration	
4.	MBBS Certificate	
5.	Citizenship Certificate	
6.	Sponsorship Letter (for sponsored candidate)	
7	1 year Post MD/MS Work Experience	

	Form Verified by: (For Official Purpose Only)	
Signature:	, , ,	Registration No.:
Name:		
Designation:		
Date:		

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