


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 my knowledge, and I understand that any false Information or important information not included will be grounds for immediate dismissal. I therefore authorize the Bharatpur Hospital to investigate my statements. I also declare that I agree not to do any type of private practice until I complete my fellowship. I will follow the rules and regulation of Bharatpur Hospital.


Signature of Applicant:

Date: _____

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)

Registration No.:

Signature:

Name:

Designation:

Date:

