B. P. KOIRALA INSTITUTE OF HEALTH SCIENCES

DHARAN, NEPAL

Application Form for Fellowship Entrance Examination - 2023

NOTE: Please read the instructions All columns must be filled cl		fully before filling the application.	Affix			
Reg. No:	Space for the Name, Roll Number and Examination		a recent			
Received by:	Space for the Name	, Roll Number and Examination Centre				
Enclosed Document:			Colour			
Complete 🗖 Not Complete 🗖		Photograph				
Full Name (in BLOCK LETTER):						
Full Name (in Devanagari):						
Course Applied for: Fellows	hip in Subject: Eme	ergency Medicine 🖵 Uro-gyn	aecology 🗖			
Spine Su	irgery 🗖 Endoc	rinology 📮 🛛 Minimal Invasi	ve Surgery 🗖			
Entry Category: Open						
Nationality: Passport/Citizenship No.:						
NMC Reg. No. : Date of Expiry: (In Case of Temporary Registration, expired registration will not be considered)						
Date of Birth: Gender: Male Female (English Date) DD MM YYYY						
Father's Name:						
Mother's Name:	· · · · · · · · · · · · · · · · · · ·					
FULL ADDRESS:						
VDC/Municipality: Ward No.:						
District: Country:			ountry:			
Tel/Mobile No.: E-mail:						
For Office Use Only (Do Not Write Below This Line)						
Application Status: ACCEPTED 🗖 REJECTED 🗖 Reason						
Required Document Attached: YES/NO						
Checked By Name:		Signature:	. Date:			
Verified By Name:		Signature:	. Date:			

Details of Academic Qualifications:

Level	Passed Year	Board/University	Marks Obtained	Percentage %	Roll No.	Remarks, if any
MD/MS						

Details of Work Experience:

(Start up from the present position and along with certified evidence of each position held.)

Post Hold	Duration (From To)	Organization Name & Address

Guardian's Name:	Relation with the Guardian:
Address:	Tel/Mobile No:
Payment of Required Fee: YES 📮 NO 🗖	Amount (Rs.) :
Voucher 🗖	Name of Bank:

I hereby declare that I have read and understood information stated in the Fellowship Prospectus 2023. The application form has been filled in my own handwriting and that the above information given by me is correct. I well understand that information furnished by me found to be false at any stage then my candidature / registration / admission / service will be cancelled / terminated.

Date:

Full Signature of the Applicant (Please note that your signature will be verified at the time of admission, if selected)

IMPORTANT NOTE: Please send scanned copy of duly filled application form along with required documents to the mail: **<u>bpkihs.fellowship@bpkihs.edu</u>**