Patan Academy of Health Sciences

Application for Employment
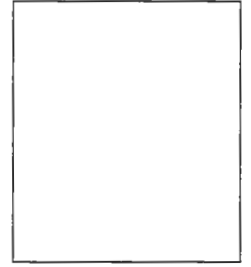
1. Name : _____

                 First   Middle   Last

2. Address : _____

2a. Permanent : Zone _____ District: _____

            VDC/Municipality : _____

            Ward No : _____ Tole/Settlement : _____

2b. Temporary: _____

3. Position Applied 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 Qualifications (attached all certificates and Citizenship):

Level	Name of School/Campus Institution/University	Period of Study (from month/year to month/year)	Qualification Obtained	Remarks
School Level (SLC/SEE)				
Certificate Level				
Bachelor's Level				
Masters' Level				
Ph.D. or equivalent				

12. Work Experiences:

Institution	Job Title	Job Tenure	Salary Scale

13. Write briefly why you want to apply to Patan Academy of Health Sciences for this position.

14. Give names for your character reference (Mention at least two referees):

	Name	Address	E-mail/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 Patan Academy of Health Sciences to investigate my statements.

I agree that on termination of my employment I will return any Academy property issued to me.

15.   Full Signature: _____   Date:

Patan Academy of Health Sciences

ENTRANCE CARD

Full Name: _____

Address: _____

Applied Post: _____

Registration No: _____

Checked By: _____

Date : _____

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