

B.P. Koirala Memorial Cancer Hospital

Bharapur, Chitwan

Clinical Fellowship Application Form

1. Personal Information:

Applicant Name (BLOCK LETTERS)	
Date of Birth	
Permanent Address	
e-mail	
Phone Number	

2. Academic Information:

MBBS Passed from, (Institute and Year):	
MD/ MS Passed From, (Institute and Year):	
Nepal Medical Council Permanent Registration Year:	
Applying for the Clinical Fellowship in, (Subject):	

3. Past Work Experience Details: (After MD/MS)

SN	Institute	Post	From (Date)	To (Date)
1				
2				
3				
4				

4. Document to be Scanned and uploaded with the completely filled and signed form:

- Citizenship Certificate:
- NMC Specialized Permanent Registration Certificate
- MD/MS Passed Certificate
- Work Experience Letter After MD/MS
- If Passed from foreign countries ; Equivalence Certificate
- Sponsorship letter (If not self-sponsored)
- No objection letter form working institute (if Presently employed)