

B.P. Koirala Memorial Cancer Hospital
Bharatpur, 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. Documents 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-sponsorship)
- No objection letter from working institute (If presently employed)

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Signature