

Patan Academy of Health Sciences

Application for Employment



OFFICE USE ONLY

Registration

Date:
Number:

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: _____ E-mail: _____ Date: _____

Note: Consult to the Office of the Registrar about application form fee. You may submit application through e-mail: pbc_vacancy@pahs.edu.np. The submission is accepted to produce voucher paid in the name of PAHS account no. 01811000295 of Laxmi Sunrise Bank Ltd. along with other essential documents.



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.

