



Form No:
Reg. No:
Symbol No:

MADHESH INSTITUTE OF HEALTH SCIENCES

Application for employment

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Passport size photo

For Office Use Only

Date of joining:

Level: Total Rupees:.....

Employment no:.....

1. Name: _____
First *Middle* *Last*

2a. Permanent: Province: _____ District: _____

Metropolitan/Sub-Metropolitan/Muni./Rural Muni.: _____

Ward no. _____ Tole: _____ Phone No.: _____

2b. Temporary: Province: _____ District: _____

Metropolitan/Sub-Metropolitan/Mun./Rural Mun. _____

Ward no. _____ Tole: _____ Phone No.: _____

3. Position Desired: _____

4. Citizenship: _____

5. Date of Birth: _____ (B.S) _____ (A.D)
Year *Month* *Day* *Year* *Month* *Day*

6. Place of Birth: _____

7. Sex: Male/Female 8. Marital status: _____

9. Name of Spouse: _____

10. Name of children with age: a. _____

b. _____

c. _____

11. Name of Father/Guardian/Husband/Wife: _____

12. Educational Training and Professional Qualifications (attached all Certificates and Citizenship)

	Name	Period of study (from month/year to month/year)	Qualification Obtained	Registration No.
School				
Campus				
University				

13. Work experience:

Name of institution where you worked before, with address	Job Title	Salary earned	Date from-until

14. Write briefly why you want to apply to Madhesh Institute of Health Sciences for this position.

15. Give two names for your character reference.

	Name	Address	Phone no.
a.	_____	_____	_____
b.	_____	_____	_____

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 Madhesh Institute of Health Sciences to investigate my statements.

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

16. Full Signature: _____

Date: _____



MADHESH INSTITUTE OF HEALTH SCIENCES

Admit card

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Name:.....

Applicant signature

For office Use Only

Exam Center

Position Desired

Authorize official Signature/Date