MADHESH INSTITUTE OF HEALTH SCIENCES

Application for employment

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 Mun.: ___________________________
    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)

<table>
<thead>
<tr>
<th>School</th>
<th>Name</th>
<th>Period of study (from month/year to month/year)</th>
<th>Qualification Obtained</th>
<th>Registration No.</th>
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<tr>
<td>Campus</td>
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<tr>
<td>University</td>
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13. Work experience:

<table>
<thead>
<tr>
<th>Name of institution where you worked before, with address</th>
<th>Job Title</th>
<th>Salary earned</th>
<th>Date from-until</th>
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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.

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone no.</th>
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<tbody>
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<td>a.</td>
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<td>b.</td>
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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

Name:__________________________________________________________

Applicant signature

For office Use Only

Exam Center
Position Desired
Authorize official Signature/Date