

STUDENTS APPLICATION FORM FOR CLINICAL PLACEMENT

Introduction of Student

Family Name: Middle Name: First Name:
 Sex: Male / Female Date of Birth:/...../.....(MM/DD/YYYY) Nationality:
 Permanent Address:
 Current Address:
 E-Mail Address:
 Passport Number (for Foreign Student): Country of Issue:
 Citizenship Number (for National Student): Place of Issue:

Education Background

Educational Institute:
 Address:
 Year of Study: Subject:
 Previous clinical practice including dates and duration: (if previously done)

 Duration of Clinical Practice in NOH: weeks/months

Reason for choosing Nepal? (for Foreign Students)

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Reason for choosing Nepal Orthopaedic Hospital?

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I, under signed, certify that all the details provided above are correct and I understand that any willful misstatement may lead to disqualification or dismissal.

Note: Please attach your CV, Recommendation Letter from your current education institution, scan copy of your passport/citizenship and other supporting documents along with this application form.

Signature of Student:

Date:/...../..... (MM/DD/YYYY)