

Rapti Academy of Health Sciences

hi Dang



Application for imployment

OFFICE US SCANSA OF

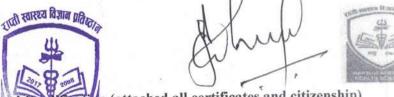
Registration

Date:

Number:

Photo

| 1. | Name: | | |
|-----|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| | First | Middle | Last |
| 2. | Address: | | |
| 2a. | Permanent: Province: | District: | |
| | VDC/Municipality: | | |
| | Ward No: | Tole/Settlement: | |
| 2b | Temporary: | *. | |
| 3. | Position Application 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: | 2. |
| 9a. | Name of Spouse: | | · |
| | Name of Children with age: (i) | | |
| | (ii) | | |
| | | and the part of the second section of the section of the second section of the section of the second section of the section o | |
| 10. | Name of Father/ Guardian/ Husbar | nd or Wife: | |



11.Educational Training and professional Qualification (attached all certificates and citizenship)

| Name of School /Campus/institute/University) | Period of Study (From month year to month/year) sciences | Qualification Obtained | Remarks |
|-------------------------------------------------|----------------------------------------------------------------|------------------------|---------|
| School Level | | | |
| Certificate Level | | | |
| Bachelor Level | | | |
| Master Level | | | |
| Ph.D. or equivalent | | | |

12. Work Experiences:

| Institution | Job Title | Job Tenure | Salary Scale |
|-------------|-----------|------------|--------------|
| Institution | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

13. Write briefly why you want to apply to Rapti Academy of Health Sciences for this position.

14. Give names for your character reference (Mention at least two references):

| | Name | Address | Email/Phone No. |
|-------|------|---------|---------------------------------------|
| (i) | | | 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11 |
| (ii) | _ | | 1 |
| (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 Rapti Academy of Health Sciences to investigate my statements.

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

15.Full Signature: _____ Date:

Note: Consult to the Office of the Academy or visit website about application form fee. You may submit application through e-mail <code>info@rahs.edu.np</code>. The submission will be accepted on producing voucher paid in the name of RAHS Laxmi Sunrise Bank Limited account no.03911002022 or cash receipt from Rapti Academy of Health Sciences, Ghorahi Dang along with other essential documents.





Rapti Academy of Health Sciences

Ghorahi, Dang

ENTRANCE CARD

| Full Name: | |
|------------------|-------|
| Address: | Photo |
| Applied Post: | |
| Registration No. | |
| Checked By: | |

Note: It required to collect this card prior to start the exam date.