



[Handwritten Signature]



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)	Qualification Obtained	Institute / University
School Level			
Certificate Level			
Bachelor Level			
Master Level			
Ph.D. or equivalent			

12. Work Experiences:

Institution	Job Title	Job Tenure	Salary Scale

13. Council registration number:

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

15. Referees:

Name	Address	Email/Phone No.
(i) _____	_____	_____
(ii) _____	_____	_____

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.

16. 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 info@rahs.edu.np. 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

ADMIT CARD

(For Technical & Administrative Staff Only)

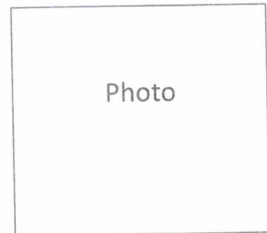
Full Name: _____

Address: _____

Applied Post: _____

Registration No. _____

Checked By: _____



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

[Handwritten Signature]
- 09/09