



Application for Employment

	7.1			
	OFF	FICE USE ONLY	Photo	
	Registration		12	
	Date: Number:			
1.	Name:			
	First	Middle	Las	t
2.	Address:			
2a.	Permanent: Province:	District:		Minor and the
	VDC/Municipality:			
	Ward No:	Tole/Settlement:		
2 b				***************************************
3.	Position Application for:	4. Citizenship		
5.	Contact Phone No:		Email:	
6.	Date of Birth:	Windows and the Control of the Contr		(B.S.)
	Year/	Month/	Day/	
	Year/	Month/	Day/	(A.D.)
7.	Place of Birth:			THE PERSON NAMED IN THE PE
8.	Sex: Male/Female:	9. Marital Status:		
9a.	Name of Spouse:			
	Name of Children with age: (i)			
	(ii)			

(iii)

10. Name of Father/ Guardian/ Husband or Wife:







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

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

1	2.	Work	Ex	perien	ces:
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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.

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1 5	LATOPOOC

	Name	Address	Email/Phone No.
(i)			
(ii)	1274274344444444444444444444444444444444		

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 <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.





ADMIT CARD

(For Technical & Administrive Staff Only)

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

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

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