

Schedule-1
(Relating to subrule (1) of Rule 3)

No.

Application Form

A recent
Passport sized
Photograph

**The Registrar,
Nepal Medical Council
Bansbari, Kathmandu**



Dear Sir,

I hereby submit this application requesting to register my name as permanent/temporary/ Provisional/Specialist in the register of Nepal Medical Council in accordance with the Rules. I request to get registered my name in the register of the council and to issue a certificate thereof in my favour. The original copies of my academic certificates and mark-sheet citizenship certificate and other certificates and the attested duplicate copies of same with three recent passport sized photographs and bank voucher for payment of application fee Rs. are attached herewith

Full name of the applicant:

Date of Birth:

Temporary Address:

Permanent Address:

Father's Name:

Grandfather's Name:

Proposed place of work:

Academic and other degree:

Institution offering the degree:

The Applicant's:

Signature:

Date:

Tel.:

Degree & Duration of Course

Institution

Year of obtaining

(1)

(2)

(3)

(4)

Name and address of other professional council if registered therein:-

Specimen of Signature to be signed in the prescription by the applicant:-

Date:-

Identification (From the member of Council/permanently registered practitioner)

The applicant Dr. is well known to me. The details submitted by him/her are OK in case of being false. I shall prepare myself to bear and pay in accordance with law.

Certified by:

Name:-

Signature:-

Registration No :-

Address:-

Date:-