



KARNALI ACADEMY OF HEALTH SCIENCES

Form No:
Reg. No:
Symbol No:

Affix a recently taken
Passport size photo

Application for employment

For Office Use Only
Date of joining:
Level: Total Rupees:.....
Employment no:.....

1. Full Name: _____

2. Address:

2a. Permanent: Province: _____ District: _____

Municipality/Rural Municipality _____ Ward no. _____

Area: _____ Phone No.: _____

2b. Temporary: _____

3. Position Desired: _____

4. Citizenship: _____

5. Date of Birth: _____ (B.S.)

Year Month Day

_____ (A.D.)

Year Month Day

6. Place of Birth: _____

7. Sex: Male/Female

8. Marital status: _____

9. Name of Spouse: _____

10. Name of children with age:

a. _____

b. _____

11. Name of Father/Guardian/Husband/Wife: _____

12. Educational Training and Professional Qualifications (attached all Certificates and Citizenship)

| | Name | Period of study (from month/year to month/year) | Qualification Obtained | Registration No. |
|------------|------|--|---------------------------|------------------|
| School | | | | |
| Campus | | | | |
| University | | | | |

13. Work experience:

| Name of institution where you worked before, with address | Job Title | Salary earned | Date from-until |
|---|-----------|---------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

15. Give two names for your character reference.

| | Name | Address | Phone no. |
|----|-------|---------|-----------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |

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 Karnali Academy of Health Sciences to investigate my statements.

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

16. Full Signature: _____

Date: _____

Form No:

Reg. No:

Symbol No:



KARNALI ACADEMY OF HEALTH SCIENCES

Admit card

Affix a recently taken
Passport size photo

Name:.....

Applicant signature

For office Use Only

Exam Center

Position Desired

Authorize official Signature/Date