



Form No:  
Reg. No:  
Symbol No:

# KARNALI ACADEMY OF HEALTH SCIENCES

## Application for employment

Affix a recently taken  
Passport size photo

### For Office Use Only

Date of joining: .....

Level: ..... Total Rupees:.....

Employment no:.....

1. Name: \_\_\_\_\_

First

Middle

Last

2. Address:

2a. Permanent: Zone: \_\_\_\_\_ District: \_\_\_\_\_

VDC/NP \_\_\_\_\_ 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. \_\_\_\_\_

c. \_\_\_\_\_

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: \_\_\_\_\_



## KARNALI ACADEMY OF HEALTH SCIENCES

Form No:  
Reg. No:  
Symbol No:

### Admit card

Affix a recently taken  
Passport size photo

Name:.....

-----  
Applicant signature

#### For office Use Only

Exam Center  
.....

Position Desired  
.....

Authorize official Signature/Date  
.....