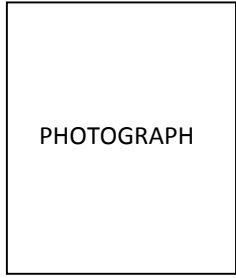




**Kathmandu University**  
School of Medical Sciences  
**ADMISSION FORM**  
*(Ph.D.PROGRAM)*



Program.....Training Site.....

Surname..... Other Name .....

Date of Birth ...../.....

Day/Month/Year

मिति/महिना/वर्ष

Nationality.....

Sex: Male

Female

Parent/Guardian's Name.....

Relation:

Occupation.....

Permanent Address

Corresponding Address

.....  
.....  
.....

.....  
.....  
.....

Telephone No.....

Telephone No.....

Mobile: .....

Mobile:.....

Email:.....

Email:.....

Documents to be attached:  
SLC: Marksheet, Character Certificate (CC)  
+2: Transcript & CC  
Bachelor: Transcript & CC  
Masters: Transcript & CC  
Work experience  
Citizenship copy  
Passport size photo: 3  
Migration Original

***For Official use only***

*Date of Admission:*.....

*Admission Fee:*

*Bank Voucher No.:*

*Date:*

*Dean:*.....

*(Signature : )*

*Date :*

School Seal