KATHMANDU UNIVERSITY
SCHOOL OF MEDICAL SCIENCES

Admission Form 2024

Program: *Master in Medical Research Program*

Date:

Exam Roll No:	
Full Name:	
Institutions Name:	
Date of Birth (AD):	**Date of Birth (BS):**
Nationality:	**Sex:**
Parent/ Guardian's Name:	
Parent/ Guardian's Contact No:	
Relation:	
Occupation:	
Corresponding Address:	
Telephone No:	**Mobile No:**
Email:	
Payment Details	
Mode of Payment	
Bank Deposit Voucher No.:	
Cheque Deposit Details:	**Bank Name:**
Digital Payment Details:	**Transaction ID:**

Required Documents:-
1. Admission From
2. Deposited Bank Voucher
3. Degree Certificate Postgraduate Level
4. Respective Council Registration Certificate