

NATIONAL MEDICAL COLLEGE



Birgunj, Nepal

Affiliated to Tribhuvan University, Nepal
Recognized by Nepal Medical Council

Application for Enrollment

Photo

Form No :

Dear Sir,

I hereby apply for membership of your institute. My personal details are filled in below.

PERSONAL DETAILS:

FIRST NAME	MIDDLE NAME	SURNAME
MARITAL STATUS : MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/>	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
DATE OF BIRTH : IN B.S./...../.....	IN A.D./...../.....	
PLACE OF BIRTH : VILLAGE	TOWN.....	
CITY	COUNTRY	
FATHER'S FULL NAME :		
MOTHER'S FULL NAME :		
PERMANENT ADDRESS :		
LOCALITY	STREET NAME & NUMBER	
V.D.C./MUNCIPALITY	CITY/TOWN	
WARD NUMBER	DISTRICT	COUNTRY
TEL NO.	ALTERNATIVE NO.	FAX NO.
E-MAIL	CITIZENSHIP	
CONTACT ADDRESS IF OTHER THAN PERMANENT ADDRESS:		
V.D.C./MUNCIPALITY	CITY/TOWN	
WARD NUMBER	DISTRICT	COUNTRY
TEL NO. (Office)	TEL NO. (Residence)	FAX NO.
E-MAIL		

CONTACT PERSON IN CASE OF EMERGENCY:

(a) In Nepal (if any)

Name	Relationship
Full Address : (City/town/prefecture)	E-mail
TEL NO. (Office)	TEL NO. (Residence)
	FAX NO.

(b) In Home Country

Name	Relationship
Full Address : (City/town/prefecture)	E-mail
TEL NO. (Office)	TEL NO. (Residence)
	FAX NO.

ACADEMIC RECORD

LAST SCHOOL ATTENDED: _____

SLC CLASS X

Name of the School _____

Address _____

Year of Passing _____

Subjects _____

Marks _____

Percentage _____

QUALIFYING EXAMINATION I Sc., 10+2 OR EQUIVALENT:

Examination _____

College/University Address _____

Year of Passing _____

Science Subjects Later Grade

Markes

Percentage

Physics

Chemistry

Biology

English

Total Percentage

DECLARATION:

I, the under signed hereby declare that the above information is true and complete and that all certificates submitted with this application are genuine. I understand that any false or incomplete information in support of my application may invalidate my application and result in withdrawal by National Medical college of any offered seat, and that this withdrawal may take place at any time during my enrollment and registration with Tribhuvan University. That I promise to bear all the monetary and academic consequences that may fall upon me thereafter. I also declare that I have read and fully understood the rules and regulations of this college and Tribhuvan University and promise that if I am admitted to the MBBS degree course of this college, I will observe them and will act faithfully, creditably and honestly in the exercise of the previlages conferred upon me as a graduate student of this college. I futher undertake to abide by the laws of the kingdom of Nepal during my studies and stay at the college. I authorize National Medical College to obtain nay information relating to my academic and character records at the institutions listed above with a view to ascertain them.

Signature of applicant _____

Date _____

DECLARATION OF PARENTS:

We, the undersigned make our pledge that it is our intention to have our son/daughter admitted in the MBBS program of the National Medical College, Birgunj Nepal. That we are willing and are able to provide with all the fundings to support my son/daughter which he/she will need during his/her study at this college. That we are ready and willing to deposit a bond to gaurantee that our son/daughter will not become a public charge during his/her stay in the kingdom of Nepal. That we promise to make a full payment of tuition fees of the whole course of our son/daughter in case his/her registration with Tribhuvan university is refused by its concerned authority owing to his/her false certification, wrong declaration or documentation which may result in withdrawal of my son/daughter from the offered seat of the MBBS program at any time during his/her study at the college. That we promise not to hold National Medical College responsible in the event of of such refusal and withdrawal of my son/daughter from the offered seat and will make no complain against it anywhere. If we do ,it should be regarded voilation of this pledge and thus be declared null and void. That we have read and fully understood the rules regulations terms and conditions of the college and have discussed them thread-bare with the authority of the college before signing this document. That we have made this affidavit for the purpose of National Medical College, Birgunj to safeguard its intrest.

Name of Parents: _____

Father _____

Mother _____

(Signature of Father) _____

(Signature of Mother) _____

Date _____

**CERTIFIED XEROX COPIES OF CERTIFICATES TO
BE SUBMITTED ALONG WITH THE APPLICATION FORM**

SUPPORTING DOCUMENTS :

Applicants applying for MBBS course must attach all the following supporting documents with their completed applications forms and send them to National Medical College. The original certificates of the same will have to be submitted at the time of admission.

1. Attested copy of S.L.C. or equivalent.
2. Attested copy of mark sheet of S.L.C., Intermediate of Science/10+2 system or an equivalent examination.
3. Attested copies of Provisional Certificate of S.L.C., I.Sc. or 10+2 system or equivalent examination.
4. Attested copy of character or conduct certificate.
5. Attested copy of Migration Certificate.
6. Attested copy of transfer certificate from the academic institution or 10+2 school last attended.
7. Attested copy of proof of Citizenship/ Resident certificate/ Passport.
8. Three copies of Passport size photograph.
9. Attested copy of Birth Certificate.