

NEPAL MEDICAL COUNCIL

Bansbari, Kathmandu, Nepal Application Form for Licensing Examination

Recent
Photograph with
signature falling
over both form
and photo

1. PERSONAL DATA

| Surname: | थर : |
|-----------------------------------|-----------------|
| First Name: | पहिलो नाम : |
| Middle Name: | बीचको नाम : |
| | |
| Gender: Male Female: | Others |
| Marital Status: Married Unmarried | |
| Date of Birth: A.D B.S. | |
| [dd/mm/yyyy] [dd/n | nm/yyyy] |
| Citizenship No Place of issue: | Date of issue: |
| Trace of issue. | [dd/mm/yyyy] |
| | [dd/IIIII/yyyy] |
| Father's Name | Name: |
| PERMANENT ADDRESS: | |
| Place: Municipality/VDC . | •••••• |
| Ward no: District: | |
| Contact telephone : Mobile number | •• |
| Email Address: | |
| | |
| LOCAL ADDRESS: | |
| Name of Local Guardian: | ••• |
| Relationship with Local Guardian: | •••••• |
| Place: Municipality/VDC | Ward no: |
| Contact phone number: Mobile | number: |

2. ACADEMIC BACKGROUND:

I. Undergraduate Details:

| a) Name of the course completed: MBBS BDS MD(Equivalent to MBBS) Others b) Institution /College Details | | | |
|--|--|--|--|
| Name of Institution: | | | |
| University affiliated to: | | | |
| Institution address: | | | |
| Website: Country: | | | |
| E-mail: | | | |
| c) Date of Joining: Date of Completion: | | | |
| d) College Registration no: | | | |
| f) Internship Details: Country: Provisional Registration No. of NMC: | | | |
| Name of Institution Duration 1. | | | |
| 2. | | | |
| 3. | | | |
| Total: g) Duration of Internship: | | | |
| 6 months 7-9 months 10-12 months | | | |
| Date of Joining: Date of Completion: | | | |
| II. I.Sc/10+2/Equivalent | | | |
| a) Institution /College Details | | | |
| Name of the Institution: | | | |
| Institution address: | | | |
| Country: Board : | | | |
| b) Duration: Date of Joining: Date of Passing: | | | |

c) College Registration no:d) Percentage/GPA:

| III. School Leaving Certificate: | | | |
|---|--|---|---------------------|
| a) Institution / College Details | | | |
| Name of the Institution: | ••••• | • | |
| Institution address: | ••••• | | ••••• |
| Country: | ••••• | ••••• | |
| b) Duration: Date of Joining: | | | |
| c) School Registration no: | d) Percenta | ge/GPA: | |
| The information provided above are true a | nd of my own. | | |
| I have carefully read all the information | | he notice r | elated to the |
| Licensing examination for which I hereby | • | | |
| abide by the rules and regulations of NM | | | _ |
| have applied through this application form | | | joi witten 1 |
| ina, e approca un engli una approcation je ini | | | T |
| Date: | | | |
| | | | |
| | | | |
| | | | |
| Signature of the Applicant | | Right | Left |
| | | (Thumb Print w | vill be verified by |
| 3. <u>DETAILS OF VOUCHER</u> : | 3. <u>DETAILS OF VOUCHER</u> : Electronic device) | | ce) |
| | | | |
| Name of issuing Bank : | • | •••••• | ••••• |
| Amount Rs.: Voucher No.: | Date: | ••••• | ••••• |
| | | | |
| | STATE OF THE PARTY | | THE LOWER CONTROL |
| | al use only: | | |
| Date of Licensing Examination: | | | |
| Application Registration No: Admit Care | d No.: | | |
| A TATALON SERVICE TO THE PARTY OF THE PARTY | | | |
| Received By: Signature: | Verified By: Signature: | | |
| Date: | Date: | | |
| | | | |
| Special Instructions (If any): | | 13-12-12 | |

INTRODUCED BY:

(Temporary/ Permanent Registered Medical Doctor)

| I would like to Introduce Mr./Msexamination of Nepal Medical Council to be held on I have verified all the academic testimonials enclosed by the ca | |
|---|---------------------------------|
| Name: | recording the first to be true. |
| NMC Registration No.: | Official — |
| Address: | Stamp |
| | |
| | <u> </u> |
| Signature of NMC Registered Doctor | |
| Verifying academic testimonials of the Applicant | |
| Date: | |

Enclosures checklist:

A. Required for Candidates with Provisional Registration:

| S.N. | Documents | Yes | No |
|------|---|-----|----|
| 1 | Copy of Provisional Certificate of Nepal Medical Council | | |
| 2. | Attested copy of Internship (completion of at least 6 months) | | |
| 3. | Passport size photos-2 | | |
| 4. | Bank Voucher (original) of NRs.2500 | | |
| 5. | Attested copy of Citizenship | | |

Note: – Original Provisional Certificate of Nepal Medical Council should be submitted for those who have completed internship.

B. Required for New Candidate:

| S.N. | Documents | Yes | No |
|------|--|-----|----|
| 1. | Attested copy of Citizenship | | |
| 2. | Attested copy of SLC/Equivalent : Mark sheet and Certificate | | |
| 3. | Attested copy of 10+2/I.Sc./ Equivalent: Mark sheet and Certificate | | |
| 4. | Attested copy of MBBS/BDS/Equivalent :Mark sheet and Certificate | | |
| 5. | Attested copy of Internship Certificate(completion of at least 6 months) | | |
| 6. | Attested copy of Character Certificate of MBBS/BDS/Equivalent | | |
| 7. | Copy of NMC/Other Medical Council/authorized body's Provisional | | |
| | Registration Certificate | | |
| 8. | Passport size photos-2 | | |
| 9. | Bank Voucher (original) of NRs.2500 | | |

Recent



NEPAL MEDICAL COUNCIL

Form No.

Bansbari, Kathmandu, Nepal

Licensing Examination Admit Card

| Roll Number: | Medical | Photograph with | |
|--|---------------|---|--|
| Examination Date: | Dental | signature falling over both form | |
| In capital letters write only one letter within one square | are | and photo | |
| Surname: | | | |
| | | | |
| First Name: | | | |
| Middle Name: | | Disht Laft | |
| Student Under Scheme: Government Scholarship: | Self Finance: | Right Left (Thumb Print will be verified by | |
| Signature of Applicant: | | Electronic device) | |

You must...

- 1. bring admit card to the examination centre.
- 2. leave the personal belonging outside the hall at own risk.
- 3. arrive test centre well ahead of scheduled exam time so that you will be able to find out that your seat location.
- 4. fill the answer sheets as per instruction on them.
- 5. sign the attendance sheet showing admit card.
- 6. handover the question booklet and answer sheet to the Invigilator before leaving the hall.

You must not...

- 1. be late for more than 15 minutes after the commencement of exam, if you arrive late:
 - -you may not be admitted to hall.
 - -you may not be allowed to take any of the test components.
 - -you may not be eligible for refund.
- 2. carry any type of electronic device (e.g. mobile, calculator, pager, I pod, pen drive etc.)
- 3. bring any paper (blank/written), instrument box and carry bags.
- 4. talk or disturb any candidate.
- 5. lend anything to, or borrow anything from, another candidate during the examination.
- 6. remove any pages from question booklet.
- 7. write name, symbol no. in any other page than where required. Any type of indication mark placed elsewhere will breach code of conduct.
- 8. engage in any form of mal practice which may damage the integrity and security of NMCL examination.
- 9. violate the rule of NMCLE. Candidate violating the rule will face expulsion from exam hall and may be liable for legal action.

Note: Venue details will be available on web site www.nmc.org.np or notice board of NMC two days prior to examination.