



# CHITWAN MEDICAL COLLEGE

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## APPLICATION FORM

### FELLOWSHIP IN PULMONOLOGY & CRITICAL CARE

#### PERSONAL DETAILS

Name: .....

Sex: ..... Date of Birth: BS.....; AD.....

ADDRESS: Ward:.....(VDC/Municipality):.....

District:.....(Zone/State).....Country:.....

Contact No: Mobile:.....Home:.....

Email:.....



#### ACADEMIC DETAILS

QUALIFICATION	INSTITUTE	UNIVERSITY	FROM	TO	DURATION

#### SPECIALIZATION TRAINING

TRAINING/FELLOWSHIP	INSTITUTE	FROM	TO	DURATION

#### WORK EXPERIENCE

POST	INSTITUTE	FROM	TO	DURATION

#### ATTACHED DOCUMENTS (SCANNED)

- Recent CV
- All academic certificates
- Training/Fellowship related documents
- Citizenship/Passport
- Passport size photo

All the details declared above are true and ready to bear consequences in found false.

Thank you!

Signature :

Name :

Date

#### FOR OFFICE USE

All documents Checked: Name:..... Signature: .....

Application Status : Approved / Withheld / Cancel

Name : .....Signature:.....

Admit Card :

Exam Section

Exam Head

APPLICATION FORM

