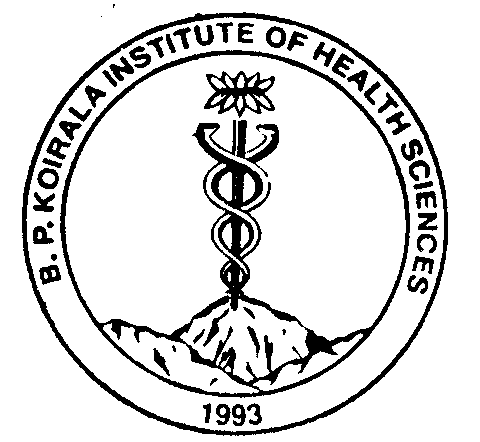
**B.P.KOIRALA INSTITUTE OF HEALTH SCIENCES**

**DHARAN, NEPAL**

****

**APPLICATION FORM FOR FACULTIES**

**(For service Entry and Promotion)**

Name of the candidate:

Post applied for:

Date of submission of form (B.S.):

Last date of submission of form B.S.):

**B.P.KOIRALA INSTITUTE OF HEALTH SCIENCES**

Passport

Photo

**DHARAN, NEPAL**

**APPLICATION FORM**

1. Post applied for:
2. Full name of the candidate in Devanagari:
3. Full name of the candidate in English:
4. Email ID:
5. Address

**Permanent**

* Anchal/Zone:
* District :
* Municipality/VDC:
* Ward number:
* Block number:
* Road :
* Telephone number:

**Temporary**

* Anchal/Zone:
* District:
* Municipality/VDC:
* Ward number:
* Block number:
* Road:
* Telephone number:

1. Date of birth (B.S.) (Day/Month/Year):

Date of birth (A.D) (Day/Month/Year):

1. Sex: male/female:
2. If at present, employed elsewhere:

* Name of the office:
* Position held:

1. Grand father’s name:
2. Father’s name:
3. Mother’s name:
4. Nationality:

**Declaration**

All information entered in this form is true. I have not hidden any facts which could affect my appointment. I am fully aware that if any false information furnished by me becomes known, it will cancel my appointment. I have read all the instruction carefully. I have submitted ……….. number of photocopies of my original certificate.

-----------------------------------

Signature of the Applicant

**Table 1. Academic Qualifications in chronological order**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.N. | Name and address of Educational institute | Study period | | Exams passed | Year of passing | Division  Percentage |
|  |  | From | To |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please add more rows if needed.

**Table 2. Work Experience in chronological order**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.N. | Position | Name and address of the Institute/Office | Type of Institute | Year | | Nature of work done |
| 1 |  |  |  | From | To |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |

Please add more rows if needed.

**Table 3. Details of Publication (Only for Associate Professor and above)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.N. | Title of published article | Name of the Journal | | Author/Co-author | Your contribution in the study and the publication, if you are a co-author. |
|  |  | Indexed | Non-indexed |  |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Please add more rows if needed.

**Note:** Publication as co-author in subjects unrelated to the discipline of the faculty, will not be considered.

**Table 4. Details of Research (Only for Associate Professor and above)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.N. | Title of research project | Published/  Unpublished | Name of the Journal | Principal investigator/  co-investigator | Your contribution in the Research and the publication, if you are a co-investigator. |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Please add more rows if needed.

**Note:**

1. If the contribution of the applying faculty in the study/research and publications as co-author/co-investigator is not related to his own discipline, the publication will not be considered.
2. There is no need to print this page, if the application is for the post of Assistant Professor.

**5. References (if not already an employee of BPKIHS)**

1. Name :

* Address:
* Name of Institute/office
* Position of reference
* Mobile number:
* Email:

1. Name :

* Address:
* Name of Institute/office
* Position of reference
* Mobile number:
* Email:

**PLEASE NOTE THE FOLLOWING INSTRUCTIONS**

1. Please submit the following documents and *arrange them in the following order:*
   1. Curriculum vitae/Bio data
   2. Photocopy of citizenship (both sides)
   3. Photocopies of academic certificates from SLC to PG *(not required if already a permanent employee of BPKIHS).*
   4. No Objection Certificate (NOC) from present working office if applicable.
   5. Publications (Please attach full articles and number them in the same order as listed in table 3)
   6. Research projects (Please attach the manuscripts prepared for publication or the published article if already published and *number them in the same order as listed in table 4)*
   7. Council registration certificate after specialization only (Registration of Speciality Qualification).
2. If completion of Research Project is a criterion, inclusion of Research Completion Certificate is a must.
3. If your article is accepted for publication by a journal but is not yet published, please submit the letter of acceptance and the manuscript.
4. Please do not submit documents which have not been asked for. (e.g. attendance certificates of conferences, trainings etc.
5. On the day of the interview, please come with all necessary original certificates/documents

**Important**

Please print this filled form, put your signature where indicated and submit.

**B. P. Koirala Institute of Health Sciences**

**Dharan, Nepal**

**Examination Admit Card**

1. Date of advertisement:
2. Name:
3. Post applied for:
4. Signature of candidate:

**To be filled by concerned BPKIHS staff**

1. Type of examination: Written/Interview/Practical:

2. You are permitted to appear in the examination to be held on/from……………………………

3. Roll number:

……………………………......

Officer issuing the Admit Card

**B. P. Koirala Institute of Health Sciences**

**Dharan, Nepal**

**Examination Admit Card**

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……………………………......

Officer issuing the Admit Card