



NEPAL MEDICAL COUNCIL

Bansbari, Kathmandu, Nepal

Application Form for Eligibility Certificate for Post Graduate Medical Course in Foreign Medical Institution

Recent Passport
Size coloured
photo

Not more than 6
months old.

1. PERSONAL DATA

To be filled in Capital Letters

Surname: <input type="text"/>	थर : <input type="text"/>
First Name: <input type="text"/>	पहिलो नाम: <input type="text"/>
Middle Name: <input type="text"/>	बीचको नाम : <input type="text"/>

NMC Registration No.:

Father's Name:

Mother's Name:

Sex : Male Female Others

Date of Birth: A.D. B.S.
[dd/mm/yyyy] [dd/mm/yyyy]

Citizenship No. Place of issue:
Date of issue:
[dd/mm/yyyy]

Passport No. Place of issue
Date of issue:
[dd/mm/yyyy]

Email Address: i)
ii)

PERMANENT ADDRESS:

Place: Municipality/VDC

Ward no: District:

Zone: Country:

Contact phone number: Mobile number:.....



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LOCAL ADDRESS :

Place: Municipality/VDC

Ward no: District:

Zone: Country:

Contact telephone : Mobile:.....

2. ENROLLMENT APPLICATION DETAILS:

a) Degree/Course :

b) Speciality Sought:

c) Details of Institution:

Name:

Institution address:

• Website:

• E-mail:

University to which affiliated:

Country:

d) Duration of the course:

From: To:

e) Medium of instruction:

f) Whether college is recognized by
concerned medical council /Government YES/NO

g) Whether candidate will be registered in concerned
Council/Government during that period of residency YES/NO



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3. EDUCATIONAL QUALIFICATIONS:

I. Undergraduate Details:

a) Name of the course completed:

MBBS BDS MD (Equivalent to MBBS) Others

b) Institution /College Details

Institution Name:

University affiliated to:

Institution address:

• Website:

• E-mail:

Country:

c) Duration:

Date of Joining: Date of Completion:

d) College Registration no:

e) Percentage/GPA:

f) Financial Scheme:

Government Self Others

g) Internship Details:

Country:

S.N.	Name of Institution	Duration
1		
2		
3		

Total:

h) Duration of Internship:

Date of Joining: Date of Completion:

4. WORK EXPERIENCE IF ANY:

S.N.	Name and Address of Organization	Department	Duration	
			From	To
1.				
2.				



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5. DETAILS OF VOUCHER:

Name of issuing Bank :
Amount Rs.:..... Voucher No.:..... Date:.....

CHECKLIST: For application of eligibility of post graduation studies in Foreign Institution

S.N.	Contents	Yes	No
1.	Attested Copy of Marksheet of Undergraduate degree (MBBS/BDS/Equivalent)		
2.	Attested Copy of completion of Undergraduate Degree/Diploma)		
3.	Copy of Provisional Passing Certificate		
4.	Copy of Internship Completion Certificate		
5.	Copy of Temporary or Permanent registration certificate issued by Nepal Medical Council		
6.	Attested Copy of Citizenship		
7.	Copy of Letter of acceptance/Offer letter		
8.	Prospectus and course of study of related Institution / University.		
9.	Copy of Foreign students enrollment policy		
10.	Copy of Entry Criteria in the institution in that country		
11.	Evidence of Registration of the candidate in the concerned Council or regulatory body in that country		
12.	3 copies of recent passport size photo		
13.	Bank voucher of one time fees of NRs:1500		

INSTRUCTIONS:

1. Candidate should have passed MBBS or Equivalent, Recognized by Nepal Medical Council.
2. All documents must be certified /attested by permanent registered practitioner.
3. The duration of the course should be clearly stated in the offer letter. Duration of Post Graduation shall not be less than 3 Years/1 Year Diploma.
4. Compulsory Thesis/Desertion should be a part of the post graduation sought.
5. Enrollment in Concern Council or Regulatory body for practicing during residency is must with evidence.
6. Applicant must be involved in a Full time Residency program.

Date of submission:.....

Signature:.....



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BOND

The Registrar,
Nepal Medical Council

I resident of is going abroad to study 3 Years Post Graduate / 1 Year Diploma in under the modern medicine system. I will continue my study in the same college till I will finish my Post Graduation.

I am aware of the provision that I will be eligible for getting Eligibility Certificate only after submitting Temporary / Permanent Registration Certificate (for government scholarship candidate) provided by Nepal Medical Council.

If the documents and details which I have submitted turn out to be false I will be responsible for it and be ready to face any consequences as per Nepal Medical Council rules or rule of the Country.

Candidate signature:

Date:

Right
Thumb

Left Thumb

FOR OFFICIAL USE ONLY

Administrative Use:

Received By:
Signature:
Date:

Verified By:
Signature:
Date:

Special Instructions (If any):
