NEPAL MEDICAL COUNCIL

Bansbari, Kathmandu, Nepal

Application Form for Elective Posting

Photo

Full name of applicant: .....

Date of Birth: ..... Gender: .....

Nationality: .....

Passport No./ National ID No.: .....

Name of institute of country of origin: .....

Contact Number: .....

Email Id: .....

Duration of elective posting: **From:** ..... **to:** .....

Applicant's Signature: ..... Date: .....

TO BE FILLED BY HOST UNIVERSITY/INSTITUTION IN NEPAL

Name of the institution: .....

Address: .....

Contact details: .....

Email ID: .....

Name of Head of the institution: .....

Recommended by:

Name of the Course Coordinator: .....

NMC no.: ..... Signature: .....

Name of the Assigned Supervisor: .....

NMC no.: ..... Signature: .....

Official stamp:	

Note: Please submit required documents mention in checklist, attached to this form.