

**NEPAL MEDICAL COUNCIL**  
**Bansbari, Kathmandu**

**Registration Identity Form**



1. Name: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Type of Registration: \_\_\_\_\_

4. Date of Registration: \_\_\_\_\_

5. Registration No.: \_\_\_\_\_

6. Qualification: \_\_\_\_\_

7. Institution/Country: \_\_\_\_\_

8. Address: (Permanent): \_\_\_\_\_

9. Telephone/Mobile No.: \_\_\_\_\_

10. Date: \_\_\_\_\_

Necessary:

- 1 Passport Size Color Photo
- Photocopy of Registration Certificate

\_\_\_\_\_  
Applicant Signature