



# 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

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

f) 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: .....



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#### 4. WORK EXPERIENCE IF ANY:

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

#### 5. DETAILS OF VOUCHER:

Name of issuing Bank : .....

Amount Rs.:..... Voucher No.:..... Date:.....

### **DECLARATION**

The Registrar,  
Nepal Medical Council

I.....am enrolling for Post Graduate medical Studies in a foreign Institution for a period of at least 3 years/1 year diploma.

I declare that the entries made by me in this form are true and I understand that I am liable for action under the law for any false information or document produced by me. The Council may investigate into the correctness of information furnished by me. If in case any information is found to be false, the Council may refuse to issue eligibility certificate or if already issued cancel the same.

I further declare that I have passed Licensing examination conducted by Nepal Medical Council.

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):

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## 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.	Copy of Foreign students enrollment policy		
9.	Copy of Entry Criteria in the institution in that country		
10.	Evidence of Registration of the candidate in the concerned Council or regulatory body in that country		
11.	3 copies of recent passport size photo		
12.	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:.....