



NEPAL MEDICAL COUNCIL

Bansbari, Kathmandu, Nepal

Application Form for Eligibility Certificate for

Recent Passport
Size coloured
photo. Not more
than 6 months
old.

Undergraduate Medical Course in Foreign Medical Institution

PERSONAL DATA

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"/>

Father's/ 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:

PERMANENT ADDRESS:

Place: Municipality/VDC

Ward no: District:

Zone: Country:

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

LOCAL ADDRESS :

Place: Municipality/VDC

Ward no: District:

Zone: Country:

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



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1. ENROLLMENT APPLICATION DETAILS:

a) Degree/Course :

b) Details of Institution:
 Institution Name:
 Institution address:
 • Website:
 • E-mail:

University:

Country: Duration of the course:
 From: To:

c) Medium of instruction:

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

e) Whether candidate will carry out
 Internship in the same Country YES/NO

2. EDUCATIONAL QUALIFICATIONS:

i. High school/10+2/I.Sc/CBSE/ Equivalent

a) Institution /College Details

Institution Name:	Subjects	Marks Total	Marks Obtained	%
.....	Physics			
Institution Address:.....	Chemistry			
Country:.....	Biology			
Board:.....	PCB Total			

b) Duration:
 Date of Joining: Date of Completion:

c) College Registration no:

d) Percentage/GPA:



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ii) School Leaving Certificate

a) Institution Details					
Institution Name:	S.N.	Subject with Top 5 Marks	Marks Total	Marks Obtained	Percentage (%)
.....	1				
Institution Address:	2				
.....	3				
Country:	4				
	5				

b) Duration:

Date of Joining: Date of Completion:

c) School Registration no: d) Percentage/GPA:

4. DETAILS OF VOUCHER:

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

CHECKLIST: for application of eligibility for Undergraduate Studies in foreign Institutions

S.No	Contents	Yes	No
1.	Completely filled eligibility (criteria) form		
2.	Copy of Offer Letter/Confirmation letter from foreign Institution		
3.	Attested Copy of citizenship		
4.	Attested Copy of Character Certificate and School Leaving Certificate /Equivalent		
5.	Attested Copy of Character Certificate and I.Sc/+2Certificate /Equivalent		
6.	Bank voucher of a one-time fee of NRs.1000		
7.	Passport size photos-3 copies		

INSTRUCTIONS:

1. A Candidate must have passed 10+2 or equivalent qualification recognized by Universities/Board with Physics, Chemistry, Biology (PCB) and having passed in each subject securing a minimum of 50% in PCB and also in aggregate .
2. Applicants are required compulsorily to come themselves for the Eligibility Application with valid ID Card.
3. All documents need to be attested by the Notary public.
4. GPA Score should not be less than 8 for students going to study in Bangladesh.

Date of submission:.....

Signature:.....



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BOND

The Registrar,
Nepal Medical Council

I resident of is going abroad to study at least four-and-a-half years graduate in medicine/dentistry [MBBS/BDS/MD (equivalent to MBBS)] under the modern medicine system. I will continue my study in the same college till I will finish my one-year internship.

I am aware of the provision that I will be eligible for temporary registration only after passing Licensing Examination conducted 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
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FOR OFFICIAL USE ONLY

Received By:
Signature:
Date:

Verified By:
Signature:
Date:

Special Instructions (If any):
