

Bansbari, Kathmandu, Nepal

Schedule -1 (Relating to sub-rule (1) of rule 3)

|   | 1 - |
|---|-----|
| 1 | JO. |

#### Application Form for Foreign National Doctors

| <u>Foreign</u>                   | National Doctors |
|----------------------------------|------------------|
| Full name of applicant:          |                  |
| Date of Birth:                   |                  |
| Temporary Address:               |                  |
| Permanent Address                | (5)              |
| Father's Name:                   | , 0              |
| Grandfather's Name:              |                  |
| Proposed Place of Work:          | C.V.             |
| Academic and other Degree:       |                  |
| Institution offering the degree: |                  |

| S.N. | Degree and Duration of | Institution | Year of   |
|------|------------------------|-------------|-----------|
|      | Course                 |             | Obtaining |
| 1.   |                        |             |           |
|      |                        |             |           |
| 2.   | OP                     |             |           |
| 3.   |                        |             |           |
| 4.   |                        |             |           |



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| Certified by:   |   |
|---|---|
| The applicant Dr is well known to me .The details submitted by him/her are OK. In case of being false, I shall prepare myself to bear and pay in accordance with law. | ) |
| Identification (From the member of Council /permanently registered practitioner)  |   |
| Date:-  |   |
| Specimen of Signature TO BE SIGNED IN THE PRESCRIPTION BY THE APPLICANT:-   |   |
| Registration number of own Country:-  |   |
| Name and address of other Professional Council if registered therein:-  |   |

Name:

| Signature:                   |  |
|------------------------------|--|
| Registration No:<br>Address: |  |
| Date:                        |  |

The Registrar, Nepal Medical Council Bansbari, Kathmandu

Dear Sir,

| - |                 |
|---|-----------------|
|   | The Applicant's |
|   | Signature:      |
|   | Date:           |
|   | Tel:            |
|   |                 |



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# CHECKLIST: For Application of Practicing License To Foreign National Doctors

| S.No. | Contents  | Yes | No |
|-------|---|-----|----|
| 1.    | Application form duly signed  |     |    |
| 1.    | Covenant letter duly signed.  |     |    |
| 2.    | A copy of Undergraduate and postgraduate medical qualifications   |     |    |
| 3.    | Certificate(s) of medical registration from applicant's country of origin and with other medical licensing authorities.   |     |    |
| 4.    | Offer of employment from the local healthcare institution /college/organization wherein should be clearly mentioned the cause and duration of appointment along with a copy of Vacancy_Announcement published in National Daily Newspaper made by the concerned Institution/employer for the position in which the applicant has been appointed.  |     |    |
| 5.    | Original Recommendation letter issued by MOH (Ministry of Health) Nepal requesting registration of his name stating therein causes for him to work in that hospital or college and the period of work.  (Provided that in the case of a hospital or medical college which has concluded an agreement in writing with or has obtained approval from His Majesty's Government to have a foreign medical practitioner involved in medical. profession, a separate recommendation letter of His Majesty's Government is not required to be submitted for the period of the agreement or approval) |     |    |
| 6.    | <b>Original Certificates of good standing</b> issued by the Medical or Dental Council or Vocational Council equivalent to that of the country in which he had been working.   |     |    |
| 7.    | Copy of valid <b>visa</b>   |     |    |



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| 8.  | Copy of valid certified <b>passport</b> (in the case of a foreign medical practitioner for whom visa and passport is not required, a copy of identity card issued by governmental body showing his identity and certified by a member of the Council or a permanently registered medical practitioner designated by the Council shall be required to be enclosed.) |  |  |
|-----|--|--|--|
| 9.  | The bank payment slip of NRs.15000 duly certified by the bank  |  |  |
| 10. | 3 recent passport size photos  |  |  |

#### Instructions:

- Application form should be duly completed and <u>certified by a permanent</u> <u>registered practitioner of Nepal</u>. Prescribed form can be downloaded from(<u>www.nmc.org</u> under downloads)
- 2. For certificates or qualifications in a language other than English, a certified true copy of the English translation from an authorized body will be required.
- All applicants are to proceed through an interview held in Nepal Medical Council by Foreign National Registration Committee.
- 4. Foreign medical practitioner's name shall be registered for a period not exceeding one year, but the Council may, if it deem necessary, renew at one time for a period not exceeding another one year.
- 5. Notwithstanding anything contained in Sub-rule (3), upon termination of a foreign medical practitioner's service period in the hospital or medical college in which he is working or upon dissertation by him to work in that hospital or college, his registration of name shall be deemed to have been revoked automatically