



Nepal Medical Council

Bansbari, Kathmandu

Tel : +0977-01-4377164/4371954

Application for Identification Card

Name : _____

Father's name : _____

Mother's name : _____

Date of birth : (AD) Year _____ Month _____ Day _____ (BS) Year _____ Month _____ Day _____

Sex : Male Female NMC registration No. : _____ Mobile No. _____

Permanent address : _____

Citizenship no : _____ Issued district : _____

Email address : _____

Date of temporary registration (AD) Year _____ Month _____ Day _____

Date of permanent registration (AD) Year _____ Month _____ Day _____

Highest academic qualification: _____ Specialty _____

Work place & country : _____

Applicant's signature : _____

Date : _____

Checklist for application :

- 1) Duly filled application form
- 2) Copy NMC registration certificate
- 3) Digital passport size photograph in .jpg or .jpeg format
- 4) Bank voucher/eBanking of Rs 300. Nepal SBI Bank Account Name **Nepal Medical Council**
Account No. 20435240100022 OR Rastriya Banijya Bank Account Name **Nepal Medical Council**
Account No. 115000233101