

**Passport
Sized
Photograph**

Application form for
Nepal Medical Association -
RUPA CHIKITSHA SEWA AWARD

1. NAME:
2. DATE OF BIRTH:
3. a. SEX:
- b. MARRIED/UNMARRIED:

4. a. PERMANENT ADDRESS:

- b. CURRENT ADDRESS:

 Tel:
-E-mail:

4. AUTOBIOGRAPHY / CV (RESUME): ?

.....
.....
.....

(CV (Resume) can contain contributions to Academics / Industry / Hospitals/
Public Health/ Pharma/ Administration, List of published Research Articles, if any /
Patents, if any / Details of Publication of Book/ Book Chapter, policy documents,
newspaper articles, magazine articles if any / Details of Participation in conference
/ seminar / workshop, if any / Details of Innovations/ Development of Product /

Technology, if any / Detail of Referrals/ Recommendations, if any / Any Other Details.)

5. A nominee must be contributing to their profession and/or patients

A nominee must be contributing to their profession and/or patients, e.g., implementing cutting edge technology, many years of service, volunteer or community service, etc. Entrepreneurial activities can also qualify. These can be in the medical industry, a specific field, or other industries. For example, you may have been working in specific areas of research, or have diversified into non-medical businesses or property development, etc.

I hereby declare that the informations finished herein above are true and correct to the best of my knowledge and I am fully aware that any unauthenticated information on this form may adversely affect my selection on the Rupa Chikitsa Sewa Award I am applying for:

Signature of the applicant:.....

Name of the applicant:

Date:

Please notice that following documents must also be submitted along with the application:

1. Citizenship certificate
2. Certificate & Marksheets of all the qualification from S.L.C. & above.
3. Certificates of Trainings/Seminars and/or workshops you had attended.
4. Certificates of Experience.
5. Other supporting documents

I declare that the information mentioned here in above are true and correct.

Signature of the Applicant:

Name of the Applicant:.....

Date:.....