MADHESH INSTITUTE OF HEALTH SCIENCES

Application for Faculty Post Verification of Internal Candidates

Affix a recently taken Passport size photo

For Office Use Only

Date of joining/Verification: ……

Department: .....

Verified Faculty Post:……..

1. Name: _____
   First *Middle* *Last*

2a. Permanent: Province: _____ District: _____

Metropolitan/Sub-Metropolitan/Muni./Rural Muni.: _____

Ward no. _____ Tole: _____ Phone No.: _____

2b. Temporary: Province: _____ District: _____

Metropolitan/Sub-Metropolitan/Mun./Rural Mun. _____

Ward no. _____ Tole: _____ Phone No.: _____

3. Position Desired: _____
4. Previously approved Faculty Position and date (if any):
5. Citizenship: _____
6. Date of Birth: _____ _____ _____ (B.S) _____ _____ _____ (A.D)
   Year *Month* *Day* *Year* *Month* *Day*
7. Place of Birth: _____
8. Sex: Male/Female 8. Marital status: _____

9. Educational Training and Professional Qualifications (attached all Certificates and Citizenship)

	Name	Period of study (from month/year to month/year)	Qualification Obtained	Registration No.
School				
Campus				
University				

10. Work experience:

Name of institution where you worked before, with address	Job Title	Date from-until

11. Paper Publications:

SN	Articles	Author		Remarks
		Main	Co	

12. Write briefly why you want to apply to Madhesh Institute of Health Sciences for this position.(in 100 words)

13. List of Academic/Clinical activities (Approved by HOD/ Coordinator):

14. Declaration:

I certify that the above information is true to the best of my knowledge, and I understand that any false information or important information not included will be grounds for immediate dismissal. I therefore authorize the Madhesh Institute of Health Sciences to investigate my statements.

I agree that on termination of my employment I will return any Institutional property issued to me.

15. Full Signature: _____
    Date: