

**HOSPITAL FOR ADVANCED MEDICINE AND SURGERY LTD.  
(HAMS HOSPITAL)**

*Department of Pre-Hospital Care & Emergency Medicine  
Budhanilkantha-09, Kathmandu, Nepal*

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**APPLICATION FORM**

*Clinical Fellowship in Pre-Hospital Emergency and Retrieval Medicine*

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**1. Personal Information**

- **Full Name (Block Letters):** \_\_\_\_\_
  - **Date of Birth (BS/AD):** \_\_\_\_\_
  - **Gender:**  Male  Female  Other
  - **Citizenship No.:** \_\_\_\_\_
  - **Nationality:** \_\_\_\_\_
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**2. Contact Details**

- **Permanent Address:** \_\_\_\_\_
  - **Temporary Address:** \_\_\_\_\_
  - **Mobile Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
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**3. Academic Qualification**

Degree	Institution	University	Year of Completion	Remarks
Bachelor's				
Master's				
Others				

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**4. Professional Registration**

- **NMCLE Passed:**  Yes  No

- **NMC Registration Number:** \_\_\_\_\_
- **Specialty Registration:** \_\_\_\_\_

**5. Work Experience (Minimum 1 Year Required)**

Organization	Position	Duration (From-To)	Key Responsibilities
1.			
2.			

**6. Statement of Purpose (Optional but Recommended)**

*(Why do you want to join this fellowship?)*

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**7. Documents Attached (Tick ✓)**

- Updated CV
- Recent Passport-size Photograph
- Academic Certificates
- 1-Year Experience Letter
- NMCLE Specialty Certificate
- Copy of Citizenship

**8. Declaration**

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that any false information may lead to disqualification.

- **Applicant's Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**For Official Use Only**

- Application Received By: \_\_\_\_\_
- Date of Receipt: \_\_\_\_\_
- Remarks: \_\_\_\_\_

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**Submit completed application form along with required documents to:**

**academic@hamshospital.com**

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