



Nepal Netra Jyoti Sangh
Hiralal Santu Devi Pradhan Institute of Ophthalmic Sciences
BHARATUR EYE HOSPITAL
Bharatpur, Chitwan, 056-493633 493833



Plz Affix Photo
(PP Size)

APPLICATION FORM

PERSONAL INFORMATION* :

DATE OF APPLICATION* _____

Name:

First

Middle

Last

Address:

Permanent

Temporary

Contact Information*:

Land line

Mobile

E-mail

***Job Applied for (Position) (According to Vacancy):** _____

Expected Desired Salary Range*: NRs _____ **Desired Duty Station:** _____

Are you currently employed? (If yes, please specify) _____

EDUCATION* :

Level	Academic Institution	Acquired Degree	Duration of Course	Year of completion
School				
Intermediate Level				
Bachelor				
Masters				
Specialized training				
Other if relevant				

*NMC / NHPC / NNC / NPC No. _____ Date of Validity (if there) _____

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position.

PREVIOUS EXPERIENCE*:

Please list beginning from most recent:

Organization Name	Post	Dates Employed

Job Notes, Tasks performed and reason for leaving:

Referees (Details) (Compulsory)*:

1. Name: _____	2. Name: _____
Position: _____	Position: _____
Organization: _____	Organization: _____
Contact Number: _____	Contact Number: _____
Email: _____	Email: _____

Please Attach*:

1. An updated C.V.
2. Copy of Academic Certificates
3. NMC/NHPC/NNC/NPC Council Certificate
4. Copy of Nepalese Citizenship
5. 2 Photographs for Entrance Card

Note: Application Fee*: Officer: NRs. 1000/- & **Assistant Level: 5,00/-**

- Application Form & Entrance Card should submit at BEH Administration office within office time (9:00 AM to 5:00 PM)

Bank Details*:

Account Holder Name : Bharatpur Eye Hospital
Bank Account Name : Machhapuchhare Bank Ltd.
Branch : Narayangarh, Chitwan
Account No. : 0240015039600011

* Denotes: **Compulsory**

