



Educational Record

Academic Qualifications

Qualification	Date of Graduation	Institution /University
1. S.L.C.		
2. 10+2 / I.Sc.		
3. B.Sc.		
4. M.B.B.S.		

Other postgraduate qualifications if any

Qualification	Date of Graduation	Institution /University
1.		
2.		
3.		

**Admission sought in :**

**MD Program**

First Choice

Subject .....

Second Choice

Subject .....

**MS Program**

First Choice

Subject .....

Second Choice

Subject .....

Have you taken courses at KU before?

Yes  No

If yes, please indicate (a) course(s)

(b) registration no. ....

*Note: Candidates may be offered alternate subjects in case of non-availability of the subject of his / her choice during open counselling.*

Occupation

1. Details of your present occupation and nature of your work :

a. Institution in which you work: .....

b. Name of Head of Department/Institution: .....

2. Past occupation with date & name of institution: .....

.....

Medical Council Registration No. (for medical/dental doctors only)

.....

**Declaration :** I declare that the information I have given in this application is true and correct. If I registered for the program, I promise to abide by the rules and regulation of the University.

.....  
Signature of the applicant

Date : .....

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Attach to your application with photocopies of

- Transcript or mark sheet giving a complete list of the subjects studied and results obtained.
- Appointments after obtaining MBBS / Bachelor's degree/ others.
- Medical Council registration certificate (for medical doctor only)
- Citizenship certificate.
- Three copies of passport size photo.

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**For Official Use**

Application received in the school .....

Application reviewed by the school .....

Entrance Exam Seat No. : \_\_\_\_\_

Registration for : \_\_\_\_\_ Program

Effective date of Registration : .....

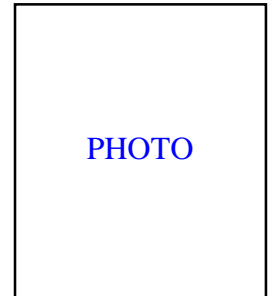
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Dean  
School of Medical Sciences

**KATHMANDU UNIVERSITY**

**MD/MS Program**

**Entrance Examination – February 2010**

**Admit Card**



Subject: .....

Name of the Candidate .....

**Entrance Test Details:**

- Seat No. : .....
- Date : Tuesday, March 2, 2010
- Time : 11.00 A.M.
- Venue : Basic Medical Sciences, School of Medical Sciences, Chaukot

*(N.B. Please bring this copy at the time of entrance test and submit to the invigilator)*

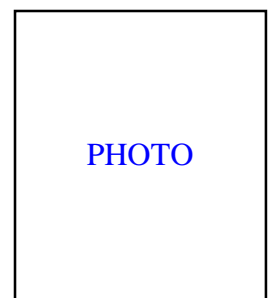
✂ .....

**KATHMANDU UNIVERSITY**

**MD/MS/MDS Program**

**Entrance Examination – February 2010**

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Name of the Candidate .....

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*(N.B. Keep this copy safely. You will have to produce it during your interview.)*