APPLICATION FORM FOR CERTIFICATE LEVEL IN HEALTH SCIENCES – NURSING, 2013

(To be filled by the applicant in block letters)

SLC Marks ........ Aggregate Marks %. .............. Division.......... Remarks.............

GENERAL INFORMATION

1. Name: ........................................... ...........................................
   Surname    First Name    Middle Name

2. Sex: Male  Female

3. Date of Birth ....... / ....... / .......
   Year (B.S.) Month  Day

4. Address:

<table>
<thead>
<tr>
<th>Details</th>
<th>Ward No.</th>
<th>Village/Town</th>
<th>District</th>
<th>Region: (i.e. Eastern/Central/ Western/Mid Western/Far Western</th>
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<tbody>
<tr>
<td>Birth Address</td>
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<tr>
<td>Permanent Address</td>
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<tr>
<td>Correspondence Address</td>
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<tr>
<td>School Address</td>
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5. Name of Guardian (if other than parents) ..........................................................
   Phone (R)........................... (0)............................ Fax..........................

6. Relationship of Guardian to Applicant: ..........................................................

7. Citizenship: .........................

For office use only

Voucher No ...................... Date ......................

Document Checklist: SLC Mark sheets
Character Certificate
Date received ......................
Exam Seat No ......................
### 8. Educational Information: (SLC & above if any)

<table>
<thead>
<tr>
<th>S.N</th>
<th>Level</th>
<th>Year graduated</th>
<th>Percentage %</th>
<th>Name of the School/colleges</th>
<th>Types of School (Private/ Govt.)</th>
<th>Region: (i.e. Eastern / Central / Western / Mid Western/Far Western)</th>
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### 9. Have you taken any course at Kathmandu University before? Yes [ ] No [ ]

If yes, please indicate (a) Course: ……………….. (b) Registration No: ………………..

### 10. Declaration by applicant

I wish to apply for admission to the Kathmandu University. School of Medical Sciences; Dhulikhel Medical Institute and declare that to the best of my knowledge and belief, the above particulars are true. I agree that registration of this application does not confer any right on me in respect of selection for admission, which is solely left to the discretion of the University and the Medical Institute. I have gone through the instructions for admission carefully, and I undertake to abide by all the conditions, I further agree, if admitted, to conform to the rules and regulations at present in force or that may hereafter be made for the administration of the University and the Medical Institute. I undertake that so long as I am student of the Medical Institute, I will not do anything unworthy of a student of the Medical Institute, of anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to take action, including expulsion for disinterest in studies, misbehavior and frequent failure.

Name of the Applicant’s: …………………………………………………

Applicant's Signature ……………….. Date: ………………………..

### 11. Declaration by Parent/Guardian

I hereby declare that I am aware of the financial obligations of applying to and studying at this institution and I can afford and undertake to pay the tuition and other fees payable to the institution under its rules. I also affirm and endorse the declaration made above by my child.

Name of the parent /guardian ……………………………………………

Signature of parent /guardian ……………….. Date…………………………...
Kathmandu University
School of Medical Sciences
DHULIKHEL MEDICAL INSTITUTE
Dhulikhel, Kavre

Certificate Level in Health Sciences - Nursing
Entrance Examination for 2013 August Session

ADMISSION CARD

Exam Seat No ………………………….. (for office use only)

Name of the Candidate ……………………………………………………..

Entrance Test Details:

Date : July 28, 2013, Sunday
Time : …………………
Venue : Kathmandu University, School of Medical Sciences, Pre Clinical Sciences Complex, Chaukot, Kavre

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

Kathmandu University
School of Medical Sciences
DHULIKHEL MEDICAL INSTITUTE
Dhulikhel, Kavre

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Date : July 28, 2013, Sunday
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Venue : Kathmandu University, School of Medical Sciences, Pre Clinical Science Complex, Chaukot, Kavre

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

1. The examination hall will be opened 10 minutes before specified time for the commencement of the examination. Any candidate who is late by more than 30 minutes will not be allowed to sit in Examination.

2. A seat marked with the Roll Number of each candidate will be allotted. Candidates need to find and occupy their seats.

3. While entering the examination hall candidates will be permitted to carry only the following items: Pen, Pencil, Eraser, Inkpot.

4. At the end of the allotted time the answer book must be handed over to the invigilator.

5. A candidate found guilty of any of the following shall be deemed to have used unfair means and his/her examination shall be liable to be cancelled.
   a) Talking to another candidate or any person, inside or outside the examination hall during the examination hours.
   b) Leaving the examination hall without delivering the answer book to the invigilator and taking it away.
   c) Possession of books, notes and any other things, which could be of help or assistance to him/her in answering any part of the question paper.
   d) Copying, attempting to copy, taking assistance or help from any book, notes, paper or any other material or device, or from any candidate, to do any of these things or facilitation of rendering any assistance to any other candidate to do any of these things.

6. When the allotted time for the exam is finished, the invigilator will inform the students. At this time, all students should immediately stop writing and return their exam booklets over to the invigilator.