



KATHMANDU MEDICAL COLLEGE

(AFFILIATED TO KATHMANDU UNIVERSITY & RECOGNISED BY NEPAL MEDICAL COUNCIL)

APPLICATION FOR THE MBBS PROGRAMME 201 - 201

(To be filled by the applicant in **BLOCK LETTERS** in English)

Form No.

FOR OFFICE USE ONLY

Form No.

Date of received

Student category- Res. Nepali SAARC Extra SAARC

Fee paying Scholarship

Document checklist- I.Sc. or 10+2 SLC Birth Certificate

Migration Certificate Citizenship Certificate/Passport/Identity Fee

PCBE mark %

Aggregate marks %

Remarks of the Board- Eligible Not Eligible

Physically- Fit Unfit

Final Remarks

Date

Principal's Signature _____

Seal

Applicant's recent
PP size photograph
to be pasted

- Name
Surname (or family name) first name other name(s)
- Sex Male Female
- Date of birth (in **B.S.**)/...../..... Age:/...../.....
Date of birth (in **A.D.**)/...../..... year month day
date month year
- Place of birth
- Father's full name
- Mother's full name
- Permanent address : Locality Ward
VDC/Municipality District Tel. No. (Res.) E-mail
- Name of local guardian (For parents residing outside Kathmandu)
- Contact address in Kathmandu
- Address for correspondence
(if other than permanent address)
- Phone (Res.) Off. Fax Mobile
- Nationality

13. If Nepali, whether residing abroad Yes No Which Country

EDUCATION

14. (a) List School and College/university attended

Examination	School/Address	Year of Passing	Percentage (Aggregate)
SLC <input type="checkbox"/> Class X <input type="checkbox"/>			

(b) Qualifying examination I.Sc. 10+2 or equivalent

Examination	Year of Passing	College/University address	Science Subjects	Marks	Percentage
			Physics		
			Chemistry		
			Biology		
			English		
			PCBE aggregate %		
			Total aggregate %		

(c) KUMET Result <input type="text"/>	KUMET Seat No. <input type="text"/>	MBBS entrance <input type="text"/>
Other Examination	Year	Subjects
		Marks/Score

15. Persons to be contacted and notified in case of emergency:

(a) In Nepal

Name Relationship

Full Address Phone

(b) In the Home Country

Name Relationship

Telephone Number: Office Residence Mobile

E-mail

16. **Declaration by the Applicant**

I hereby certify that the information given in this application form is complete and accurate to the best of my knowledge and belief. I further undertake to abide by the laws of Nepal and rules and regulations of Kathmandu University and Kathmandu Medical College during the period of my studies and renounce my right under the laws of any other country including my home country in matters pertaining to my admission into the MBBS programme of Kathmandu Medical College, Nepal.

Date:

Signature of the Applicant

17. **Declaration of Parents**

We the parents whose address is
hereby make our solemn promise, that it is our intention to have our son/daughter,
Mr./Ms. admitted in the MBBS
programme of Kathmandu Medical College affiliated to Kathmandu University.
That we are willing and able to maintain, and support the prospective student.
That we are ready and willing to deposit a bond, if necessary, to guarantee that such prospective student will not become
a public nuisance during his/her stay in Nepal.
That this affidavit is made by us for the purpose of assuring the Kathmandu Medical College
that Mr./Ms (name of student)
will not find it necessary to appeal to the KMC for scholarship or other material aid.

We further undertake to abide by the laws of Nepal and Kathmandu University in matters pertaining to the admission of
our ward and renounce our rights under the laws of any other country including our home country.

Name of Parents: Father Mother
Address
(Full postal address with Telephone Number)
E-mail:

Signature of Father
Signature of Mother
Date

CERTIFIED PHOTOCOPIES OF CERTIFICATES TO BE SUBMITTED ALONG WITH APPLICATION FORM

1. Transfer certificate from the Institution last studied in.
2. Migration Certificate (For international student original).
3. Bonafide and conduct certificates.
4. Certificate of proof of date of birth.
5. Class 10 or Equivalent examination Pass Certificate.
6. Mark-sheet of 10+2 or Equivalent Certificate
7. Citizenship Certificate / Passport / Identity Paper.

N.B.: Indian students should submit no objection certificates from the Medical Council of India.