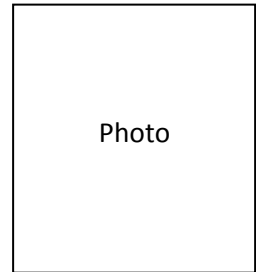


Om Health Campus (P.) Ltd.
Gopikrishnanagar, Chabahil, Kathmandu



APPLICATION FORM – 2075

1. Position Applied for _____

2. Personal Information

Applicant's Name (in Block)																		
Permanent Address																		
Current Address																		
Marital Status	Single		Married		Date of Birth	/	/	(YY/MM/DD)BS										
Contact No.(Landline & Mobile)																		
Email																		
Citizenship Number					Date of Issue					Issued Place								
Husband/Wife Name											Occupation							
Number of children	Male		Female															

3. Education

Passed Year	Level / Degree	Institute	Board / University	Major Subjects	%	NNC / PHC No.

4. Training/Seminars

SBA training attained	Yes		No		Computer Knowledge	Yes		No	
Others : i.									
ii.									
iii.									

5. Experience

Starting Date	Name of Organization	Post	Duration

6. Why should we select you for the applied post? (maximum 100 words)

7. References

Name		Name	
Post		Post	
Organization		Organization	
Contact No.		Contact No.	

I certify information provided in the form is correct. I understand that any false information given may result in disqualify from the recruitment process.

Signature of Applicant

Date:

List of submitted supporting documents with verified

- i.
- ii.
- iii.
- iv.
- v.
- vi.
- vii.
- viii.