

10. Academic Qualification

| Examination | Board/Institute | Year | Roll No. | Percentage |
|-------------------------------|--|-------------|-----------------|-------------------|
| 10+2 or I Sc | | | | |
| MBBS | 1 st Phase: 2 nd Phase: 3 rd Phase: | | | |
| Internship Certificate | | | | |
| Board Certificate | | | | |

11. Working Experience

| SN | Institute / Hospital/ Nursing Home | Position | Duration From -To | Total duration |
|-----------|---|-----------------|--------------------------|-----------------------|
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Above mentioned information are true and correct regarding my best knowledge. if there is any manipulation regarding information, I will be responsible. I will abide by the decision of the examination division Maharajgunj Campus, IOM, T.U.

Signature of Applicant

Date: