

B. P. EYE FOUNDATION
CHILDREN'S HOSPITAL FOR EYE ENT AND REHABILITATION SERVICES (CHEERS)
Manahara, Bhaktapur. Phone: 01-6631705

APPLICATION FORM FOR EMPLOYMENT

Photo

PERSONAL INFORMATION :

DATE OF APPLICATION _____

देवनागरीमा (नाम, थर)

नाम _____ थर _____
Name: (In Block Letter)

First Middle Last

Address:

_____ Permanent Temporary _____

Contact Information:

_____ Land line _____ Mobile _____ E-mail _____

Position Sought: _____

Desired Pay Range: NRs _____

Are you currently employed? (If yes, please specify) _____

EDUCATION :

Level	Academic Institution	Acquired Degree	Duration of Course	Year of completion
School				
+2/Intermediate				
Bachelor				
Master				
Specialized training				
Other if relevant				

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position.

PREVIOUS EXPERIENCE:

Please list beginning from most recent:

Organization Name	Post	Dates Employed

Job Notes, Tasks performed and reason for leaving:

Referees:

1 _____	2 _____
_____	_____
_____	_____
_____	_____

N.B: Please attach:

An updated C.V.

1. Copy of Academic Certificates (SLC, Intermediate, Bachelor, Master and other if relevant)
2. Copy of Certificate from Nepal Medical Council (NMC) for MD & MBBS and Nepal Health Professional Council (NHPC) for CMA
3. Copy of Equivalent Certificate from T.U., (if candidate has passed course from other countries.)
4. Copy of Nepalese Citizenship Certificate.
5. 2 Passport size photos.
6. Bank Voucher Slip of NRs 1500/- for **Ophthalmologist**, NRs 1000/- for **Medical Officer**, NRs 500/- for **CMA** (In Account No of 01715115312 of BP Eye Foundation in Siddhartha Bank Limited Manohara Extension Counter)

Note: To submit the application form no later than (Date 9th Jestha, 2073)

Applicant Signature
Date: