



Nepal Eye Hospital

Tripureshwor, Kathmandu

Phone: 977-01-5360813, 5350691

Photo

NEH Application Form	
Position Applied For	
Date of Application	

A. Personal Information:

Full Name		Gender:	
Father's Name		Date of Birth (B.S.):	/ / YYYY MM DD
Address	District:	VDC/Municipality:	Ward No.:
Contact No		Email Address:	

B. Educational Qualifications:

S. N.	Degree/ Qualification	Institution	Board University	Passed Year	Grade or %
1					
2					
3					
4					

C. Work Experiences:

1	Organization/Company	
Position:		Duration: From _____ to _____
Key Responsibilities:		
2	Organization/Company	
Position:		Duration: From _____ to _____
Key Responsibilities:		
3	Organization/Company	
Position:		Duration: From _____ to _____
Key Responsibilities:		
4	Organization/Company	
Position:		Duration: From _____ to _____
Key Responsibilities:		

D. Professional Training/workshops:

S.N.	Name of Training/workshop	Organization/Institute	year
1			
2			
3			

E. Skill and Competencies:

S. N.	Skill	Proficiency		
		Beginner	Intermediate	Advanced
1				
2				
3				

F. References:

S. N.	Reference Name	Contact Information	Relation
1			
2			
3			

G. Expected monthly salary package**H. Documents enclosed:**

- 1. Hand written job application
- 2. Detailed curriculum vitae
- 3. Copy of: Citizenship Education Experience Training Certificates

I hereby declare that all the information provided is true to the best of my knowledge.

Applicant's Signature: