



**POKHARA UNIVERSITY**  
**Faculty of Health Sciences**  
 Student Admission Form  
 2022 AD (2079 BS)

Recent  
 Passport  
 Size Photo

Name of Institution: .....

Program: .....

Category: ..... Entrance Roll No. : .....

Rank : ..... Priority Order : .....

Personal Details :							
Name (CAPITAL LETTERS) English							
Name in Devanagari							
Date of Birth (D/M/Y)	BS		AD		Gender		
Contact Number			Email				
Father's Name				Mobile			
Mother's Name				Mobile			
Guardian's Name				Mobile			
Permanent Address	District		Rural/Municipality				
	Ward No.		Block / Tole				
Citizenship No. :							

**Academic Qualification:**

Year	Board/ University	Level	Name of Institution	Full Marks	Marks Obtained	Symbol No.	Grade/ %

Student's Signature:

Date:

Guardian Signature:

Date:

**For Official Use**

Documents Verified By:

Date:

Approved By:

Date: