

# CLINICAL CLARKSHIP OBSERVATION FOR FOREIGN DOCTORS

Organized by

*National Centre for Health Professions Education (NCHPE)  
TU INSTITUTE OF MEDICINE (IOM), Maharajgunj, NEPAL*

## APPLICATION FORM

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Family name	<input type="text"/>	First name	<input type="text"/>
Nationality	<input type="text"/>	Passport number	<input type="text"/>
Sex :	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of birth	<input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1940"/>

(dd-mm-yy)

### Mailing address of student

Street Address	<input type="text"/>	City	<input type="text"/>
Zip Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

### Work Address (in detail)

Practicing since  day / month / year

Speciality

Practicing License no.: (Registration no. in the country of residence )  /

**Language spoken**

Native language

Other language

Preferred speciality in the department  
in priority order

Duration (in week)  [weeks]

within the period from (date)  [day-month-year]

to (date)  [day-month-year]

I have health insurance coverage for  
this period  Yes  No

Desired type of clerkship