## Asia pacific Medical Students' Training - Nepal

# REGISTRATION FORM



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| --- |
| Note : Use Capital letters to fill up the form . e- signature will be valid .  |
| Today’s date: | Time :  |
| Applicants INFORMATION |
| Last name: | First: | Middle: | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Marital status (circle one) |
|  | Single / Mar / Div / Sep / Wid |
| Is this your legal name? | If not, what is your legal name? | (English name): | Birth date: DD/MM/YYYY |
| ❑ Yes | ❑ No |  |  |  / / |
| Age: | Sex:  | ❑ M | ❑ F | Others  |
| Street address: | ID no.: |  phone no.: |
|  |  |  |
| P.O. box: | City: | State : | ZIP Code: |
|  |  |  |  |
| Occupation : | University : | Grade : |
|  |  |  |
| Passport Number : | Birth date: DD/MM/YYYY | Address (if different): | Phone no.: |
|  |  / / |  |  |
| Date of Issue : | Expiry Date : | Issued from : | Birth place :  |
|  |  |  |  |
| Have you travelled to Nepal before  | ❑ Yes | ❑ No |  |
| Email Address :  |  |  |  |
| Skype ID  |  |  |  |
| Health Status |
| Blood Group / Rhesus | On Regular Medication(Please specify)  | Medication(please specify) |
|  |   |  |
| Allergy:  | ❑ Yes | ❑ No  |  Specify (if any) |
| Others : |  |  |  |
|  |
| Food Specification |
| Meal restrictions  | ( nil / Vegetarian / pork -free / chicken / Mutton ) please underline  |
|  |  |
| Others( food allergy/ intolerance) / Nil |  |
| Food Recommendation ( if any )  |  |
| IN CASE OF EMERGENCY |
| Name of local friend or relative : | Relationship : |
|  |  |
| Home phone no.: | Work phone no.: |
| The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Asia pacific Medical Students' Training - Nepal or insurance company to release any information required to process my claims. |
|  |  |  |  |  |
|  | Patient/Guardian signature  |  |  |  |
|  |  |  | Date |  |