



सुषमा कोईराला मेमोरियल अस्पताल
SUSHMA KOIRALA MEMORIAL HOSPITAL
FOR BURN, PLASTIC AND RECONSTRUCTIVE SURGERY
&
GENERAL HOSPITAL

Clinical Shadowing / Observership Application Form

Address: Salambutar, Sankhu, Shankharapur Municipality-6, Kathmandu, Nepal

Phone: +977 1-4450826 | Email: info@skmh.org.np

Website: www.skmh.org.np

Applicant Information

Full Name	
Nationality / Country	
Date of Birth	
Current Institution / University	
Current Position / Year of Study	
Email Address	
Phone Number (with country code)	
Preferred Shadowing Period (Month & Year)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Duration Requested	<input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> Other: _____

Shadowing Details

Preferred Supervisors	<input type="checkbox"/> Prof. Ishwar Lohani (Director of Medical and Academic Affairs) <input type="checkbox"/> Dr. Raju Bhandari, MD (Deputy Medical Director) <input type="checkbox"/> Both
Specific Areas of Interest	

Statement of Purpose

Why do you want to shadow at SKMH? (Maximum 300 words)

Facilities & Fees Information

- Shadowing / Observership Fee: €50 per week (payable to the hospital's Euro account; details provided upon acceptance).
- Accommodation (optional but recommended): €15 per day.
- Payment can be made directly to the hospital's designated Euro account.

Declaration

- All information provided is true and correct.
- I have read and understood the shadowing fees and accommodation charges.
- I agree to abide by the rules and regulations of Sushma Koirala Memorial Hospital during my observership period.
- I will maintain patient confidentiality at all times.

Signature: _____

Date: _____

Full Name: _____