

ASIAN NURSING SCHOLARSHIP – APPLICATION FORM

COUNTRY:

BHUTAN

Supporting documents required:

- (1) Identity Card
- (2) Bhutan Higher Secondary Education Certificate (BHSEC – Year 12) & Transcripts (with English translation if document is not in English)

Please affix a recent Passport-sized photograph (white background)

Please complete the application form in **BLUE** ink. Please circle for items with asterisk (*)

A. PERSONAL PARTICULARS					
Full Name (as in Identity Card) <u>Underline Surname</u>			Marital Status	*Gender Male / Female	
Alias/Other Name (if any)			Name in Chinese Character (if applicable)		
Home Address / Residential Address			Identity Card No.		
Postal Code:					
Home Telephone No.	Mobile No.		Email Address		
Nationality	Country of Birth	Date of Birth (dd-mmm-yyyy) e.g. 01-Jan-1990		Age	
Religion	Languages Spoken		Languages Written		
B. EMERGENCY CONTACT DETAILS					
Full Name		Relationship	Home Telephone No.		
			Mobile No.		
C. PARTICULARS OF IMMEDIATE FAMILY (please attach a separate sheet if there are more family members)					
Name of family members	Age	Relationship	Occupation	Contact number	Company / School Name and Country of Workplace / School
		Father			
		Mother			
		* Brother/Sister			
		* Brother/Sister			
		* Brother/Sister			
		* Brother/Sister			

D. EDUCATION

1) Bhutan Higher Secondary Education Certificate examination results (BHSEC – Year 12)

2) Past 2 years High School examination results

Please list your scores/aggregates :

Standard	Year	English	Maths	Science	Name of Science Subject	Two other best subjects				Overall Avg of 5 subjects
						Subj 1 (Scores)	Subj 1 (Name)	Subj 2 (Scores)	Subj 2 (Name)	

2) University Examination (if applicable)

If you are currently in University Year 2, please give your scores/aggregate for the subjects taken in Year 1.

Name of University	Year	Subjects Taken in University								Total Score

E. MEDICAL DECLARATION

Note: Any willfully incorrect or misleading statement or omission may lead to withdrawal of ANS Scholarship if selected

1) Have you ever suffered from or have been treated for any of the following illnesses?

(Please circle)

a. Hepatitis B/ C / E	Yes	No
b. Measles	Yes	No
c. Mumps	Yes	No
d. Rubella	Yes	No
e. Chickenpox	Yes	No
f. Tuberculosis	Yes	No
g. Asthma	Yes	No
h. Migraine / Severe Headache	Yes	No
i. High Blood Pressure	Yes	No
j. Blood disorder	Yes	No
k. Severe Anemia	Yes	No
l. Diabetes	Yes	No
m. Skin Disease (e.g. Psoriasis, Chronic Eczema)	Yes	No
n. Breast Lumps	Yes	No
o. Epilepsy / Fits	Yes	No
p. Syncope / Frequent Fainting Spells	Yes	No
q. Hearing Impairment	Yes	No
r. Chronic Ear Discharge/Disease	Yes	No
s. Vision Problems / Colour blindness	Yes	No
t. Mental Illness or Nervous Breakdown	Yes	No
u. Psychiatric Conditions (Depression, Psychosis, Anxiety disorder, etc)	Yes	No

v. Cancer / Tumor	Yes	No
w. Eating Disorders	Yes	No
x. Heart Disease	Yes	No
y. Kidney Disease	Yes	No
z. Frequent gastric pain / Gastric Problem	Yes	No
aa. Backache	Yes	No
bb. Joint pains or discomfort (Head/Neck, Shoulder/Arm/Hand, Waist/Back, Lower Limb etc)	Yes	No
cc. Physical disabilities e.g. loss of fingers	Yes	No
dd. Impaired health / function due to accident or injury	Yes	No
ee. AIDS / HIV Positive	Yes	No
ff. Infectious Disease (eg. Malaria, Typhoid etc)	Yes	No
gg. Any Congenital Disease / abnormalities / birth defects (e.g. Atrial septal defect, Ventricular septal defect, Mitral valve prolapse etc)	Yes	No
hh. Are you on long-term medication?	Yes	No
ii. Any other diseases, impairment or injury, etc.?	Yes	No
jj. Have you been hospitalized or underwent any surgery?	Yes	No
kk. Any other significant medical condition/history not otherwise listed above? (e.g. Scoliosis, Sweaty palms etc)	Yes	No
If YES for any of the above, please give details including date, period/duration, treatment received, and status to date.		
2) Allergy History in (Please circle)		
a. Drug Allergies (Medication / Injection)	Yes	No
b. Skin Cream / Lotion	Yes	No
c. Food	Yes	No
d. Chronic Allergic Conditions e.g. rhinitis	Yes	No
e. Others: e.g. nickel / rubber gloves / Latex / Chlorhexidine, Alcohol-based solutions, Others etc)	Yes	No
If Yes, please give details of allergy:		
3) Have you ever been found unfit in any previous medical examination (Please circle)		
a. Pre-employment	Yes	No
b. National service	Yes	No
c. Life insurance	Yes	No
4) Do you have any Body Art (Tattoo)? (Please circle)		
If yes, please state location(s):	Yes	No
5) FEMALES ONLY (Please circle)		
a. Pregnant	Yes	No
b. Gynecological disorder	Yes	No
c. Abortion	Yes	No

F. OTHER INFORMATION

1) Have you ever been convicted in a court of law in any country? If Yes, please give details:	Yes	No
2) Have you applied for Asian Nursing Scholarship previously? If Yes, please indicate the year you have applied:	Yes	No
3) Do you have any siblings currently applying/taking Asian Nursing Scholarship? If Yes, please indicate your sibling name, and the year he/she started the nursing course if he/she is currently an ANS scholar	Yes	No
4) Record of Academic Achievements (eg representative in national Olympiad Mathematics Competition):		
5) Record of Achievements in Extra Curricular Activities:		

G. DECLARATION

I understand that any false statement made by me on this application or any supplement thereto will be sufficient for disqualification or dismissal if appointed. The willful suppression of any material fact will be similarly penalised.

Signature of Applicant

Date