



DHULIKHEL HOSPITAL

# DHULIKHEL HOSPITAL MOBILITY APPLICATION FORM

## Personal Information

- Name: .....
- Department/Unit: .....
- Position/Designation: .....
- Contact Number: .....
- Email Address: .....

## 2. Mobility Details

- Purpose of visit: .....  
.....  
.....  
.....  
.....
- Destination: .....
- Start Date: ..... End Date: .....

## 3. Attachments

- Copy of Invitation Letter/Proof of Event(Workshop, Seminars, Training,etc)
- Travel Itinerary (if available)
- Copy of Letter to Administrative Director

**Date:**

\_\_\_\_\_  
**Applicant Signature**