



The Oriental Insurance Company Limited
Sunrise Bizz Park, 1st Floor, Charkhal, Dillibazar P.O. Box 165,
Kathmandu, Nepal

Latest
Photograph of
Candidate
signed across

APPLICATION FORM FOR THE POST OF ASSOCIATE

Name (In Capital Letter)	
Father Name	
Citizenship/passport no.	
Date of Birth (AD)	
Age As on 31th March 2023	
Complete Permanent Address	
Complete Correspondence Address	
Contact Mobile no.	
E-mail ID	
Career Objective	

EDUCATIONAL QUALIFICATIONS

Name of the Degree/ diploma	Name of University/ Institution	Area of Specification if any	Year of Passing	% of Marks Obtained

LANGUAGE SKILLS:

LANGUAGE	READ	WRITE	TYPING

PROFESSIONAL QUALIFICATIONS:

<u>Name of The Degree/ Diploma</u>	<u>Name of University Institution</u>	<u>Area of Specification if Any</u>	<u>Year of Passing</u>	<u>% of Marks Obtained</u>

EXPERIENCE (In reverse Order- From present Experience)

Period From - TO	Place of Posting	Designation	Department	Nature of Duties	Special Achievement if any

Any other information to be furnished (required by the candidate)

Note: Kindly attach the copy of all the documents duly self-attested along with the application.

Declaration:- I do hereby declare that all the information given above is true to the best of my knowledge and belief.

Place: _____

Date: _____

Signature of the Candidate

Filled application to be submitted on or before 28th March 2023 to the following address:

The Oriental Insurance Company Ltd.
P.O. Box no. 165
Sunrise Bizz Park, 1st Floor,
Charkhaal, Dillibazar, Kathmandu, Nepal
careers@orientalinsurance.com.np

e-mail: careers@orientalinsurance.com.np website: www.orientalinsurance.com.np