

健康状態申告書及び真偽関係報告書

Health declaration form and authenticity relations report

Name	RAIN DIPAKU
氏名	

The presence or absence of chronic	The name of the disease when there is a chronic disease	
YES	NO	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Whether that chronic disease need a	What kind of medical treatment is necessary?	
YES	NO	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Whether there is a disease that must be medical treatment in Japan?	Please write the name of the disease if there is it	
YES	NO	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Warning

当校は学生のために保険に加入します。しかし、日本入国後半年以内の病気については保険適用外になる可能性のある病気も存在します。保険事故を防ぐため正確に申告してください。

The school will join the international student insurance for students. However, also present disease that may be outside the insurance application for entering Japan after less than half a year disease.

Please to report accurately to prevent insurance accident

真偽確認書

経費支弁者取引銀行名 Sponsor traded bank name	証明書発行担当者名 Certificate issuance contact name	電話番号 Phone number
PLATONIC SAVING & CREDIT CO- OPERATIVE LTD.	NARESH RAWAL	9841-513-573

申請者卒業学校名 The applicant graduated from school name	証明書発行担当者名 Certificate issuance contact name	電話番号 Phone number
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