



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's Name	
Citizenship/passport no.	
Date of Birth (AD)	
Age As on 31 th March 2025	
Complete Permanent Address	
Correspondence Address	
Mobile Number & Email ID**	
Physically Disabled (Yes/ No)	

EDUCATIONAL QUALIFICATIONS:

Name of the Degree / Diploma	Name of University/ Institution	Area of Specialization if any	Year of Passing	Marks % Secured

LANGUAGE SKILLS:

<u>Language</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>

EXPERIENCE (In reverse Order- From present Experience to past experience): if any

<u>Period (from-To)</u>	<u>Place of posting</u>	<u>Designation</u>	<u>Department</u>	<u>Nature of Duties</u>	<u>Special Achievement if any</u>

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 forms along with necessary enclosures are to be submitted on or before 30th April 2025 at the following address:

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

Email: careers@orientalinsurance.com.np

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