



STUDENT'S APPLICATION FORM

Personal Detail:

Last Name: First Name: Middle Name:.....

Family Name

Date of Birth (dd/mm/yy): / / Gender : Male Female

Email: Mobile :

Permanent Address :

Temporaray Address :

VDC _____

VDC _____

Manucipality _____

Manucipality _____

Ward No _____

Ward No _____

Our Courses:

1. Bridge Course: Advance Management Bridge Course for A Level
Science Staff Nurse Preparation Course

2. Preparation Class for Chartered Accountant (CA):

3. Languages:

English Korean Japanese Hebrew
Arabic Spanish Chinese Other

4. Computer:

Basic Diploma Hardware Graphics
Accounting Package Graphics Design Maintenance Other

5. Tuition Classes:

Class 1 to 10 +2 Level Bachor Master Faculty:.....
1 2
3 4

How did you hear about us ?
Why do you want to join this Course ?

Student's Signature

Date

OFFICE USE ONLY

Data Received _____ Approved By _____ Student Ref. No _____
Signature _____ Date _____ Student Ref. No _____

Fee Details: Admission Fee: Advance: Due Amount: Total: