

STUDENTS APPLICATION FORM

PP PHOTO

Name: _____

Nationality: _____ Education Qualification: _____

Date of Birth: _____ Sex: Gender Male: Female:

E-mail: _____ Fax: _____ Blood Group : _____

GPO Box No: _____ Phone No: _____ Mobile No: _____

Permanent Address:

Name of Street (Tole): _____ VDC/Municipality: _____

District: _____ Zone: _____

Residential Address:

Name of Street (Tole): _____ VDC/Municipality: _____

District: _____ Zone: _____

Obtained Percentage Maximum Fee (in lakhs) _____

Destination Country _____ Desired Courses _____

Specialisation _____ Work Experience yrs.

Suggestions