

photo

Lalitpur, Nepal

Form No.:	Registration No.:
Personal Information 1. First Name:	पहिलो नाम
2. Middle Name:	बीचको नाम
3. Last Name:	थर
4. Date of Birth: 5. Age *Required, Format: mm/dd/yy	6. Gender: *Required Male Female Others
7. Citizenship Country:	8. Citizenship Certificate No.: *Required
9. Email Address: *Required	•••••••••••••••••••••••••••••••••••••••
10. Father/Guardian Name.	
11. Mother/Guardian Name:	
12. Physically Handicapped?	Loco Motor Loss of Limbs, Epilepsy
13. Mentally Challenged? □Yes □No	14. Acquired Skills:
Permanent Address 1. Street Address: A PO Box is not accepted as a legal address	Swimming Cycling Two Wheel Drive Four Wheel Drive
2. Street Address 2:	3. City:
4. Province/State:	5. Country:
6. Home Phone Number.:	7. Cell Phone No.:

Document Submitted: Application Fee - Rs.100 Citizenship Certificate Photocopy Passport Photocopy (optional) Higher Secondary School Certificate or Equivalent and Gra Physical fitness verification by appointed physician/clinic/ Insurance Policy by Official Insurer (after admission or acc Student Agreement Certification I certify that the information which I have given on this appl understand that it is my responsibility to notify the Admision contained in the application. In making this application, I acc policies, procedures and regulations of Himalayan School of aplication and the School. Student Name	hospital (after admission eptance) ication is complete and ans Office of any change incept and agree to abide	accura n infor by the et fort	te. I mation h in this	
Application Fee - Rs.100 Citizenship Certificate Photocopy Passport Photocopy (optional) Higher Secondary School Certificate or Equivalent and Graphysical fitness verification by appointed physician/clinic/Insurance Policy by Official Insurer (after admission or accomposite Student Agreement Certification I certify that the information which I have given on this application application of the Admission contained in the application. In making this application, I accompolicies, procedures and regulations of Himalayan School of	hospital (after admission eptance) ication is complete and ans Office of any change incept and agree to abide	accura n infor by the	te. I mation	
Application Fee - Rs.100 Citizenship Certificate Photocopy Passport Photocopy (optional) Higher Secondary School Certificate or Equivalent and Gra Physical fitness verification by appointed physician/clinic/ Insurance Policy by Official Insurer (after admission or acc	hospital (after admissior	n or ac	ceptano	
Application Fee - Rs.100 Citizenship Certificate Photocopy Passport Photocopy (optional) Higher Secondary School Certificate or Equivalent and Graph Physical fitness verification by appointed physician/clinic/	hospital (after admissior	n or ac	ceptano	
Application Fee - Rs.100 Citizenship Certificate Photocopy Passport Photocopy (optional) Higher Secondary School Certificate or Equivalent and Gra		n or ac	ceptano	
Application Fee - Rs.100 Citizenship Certificate Photocopy Passport Photocopy (optional)	ade Sheet			
Application Fee - Rs.100 Citizenship Certificate Photocopy				
Application Fee - Rs.100				
		•••••		
Travel or Sports:				
Work or Internship:				
Study or Training:				
st Experience in Outdoor Adventure				
Name of Certificate/Degree Name of Institution	Examination Board	GPA	Year	
cademic Details		_		
		•••••	•••	
6. Home Phone Number.: 7. Cell P	7. Cell Phone No.:			
4. Province/State: 5. Coun	trv:		•••	
2. Street Address 2: 3. City:				
2.00		••••••	•••	
1. Street Address: A PO Box is not accepted as a legal address				

Date: