

ADMISSION FORM



HIMALAYAN SCHOOL OF OUTDOOR RECREATION

An undertaking of Himalayan Education Partnership affiliated to House of Rajkarnicar
Lalitpur, Nepal

photo

Form No.:

Registration No.:

Personal Information

1. First Name:

.....

2. Middle Name:

.....

3. Last Name:

.....

4. Date of Birth:

*Required, Format: mm/dd/yy

.....

5. Age

.....

पहिलो नाम

.....

बीचको नाम

.....

थर

.....

6. Gender:

*Required

☐

Male

☐

Female

☐

Others

8. Citizenship Certificate No.:

*Required

.....

7. Citizenship Country:

.....

9. Email Address:

*Required

.....

10. Father/Guardian Name.

.....

11. Mother/Guardian Name:

.....

12. Physically Handicapped? ☐ Yes ☐ No

*if yes

☐

Blindness

☐

Hearing
Disability

☐

Speech
Disability

☐

Loco Motor
Disability

☐

Loss of Limbs,
Foot or Hands

☐

Epilepsy

13. Mentally Challenged? ☐ Yes ☐ No

*if yes

☐

Mental Retardation

☐

Cerebral Palsy

14. Acquired Skills:

☐

Swimming

☐

Cycling

☐

Two Wheel Drive

☐

Four Wheel Drive

14. Do you need to be considered for financial aid?

☐

Yes

☐

No

Permanent Address

1. Street Address:

A PO Box is not accepted as a legal address

.....

2. Street Address 2:

.....

3. City:

.....

4. Province/State:

.....

5. Country:

.....

6. Home Phone Number.:

.....

7. Cell Phone No.:

.....

Present Address

1. Street Address:

A PO Box is not accepted as a legal address

.....

2. Street Address 2:

.....

3. City:

.....

4. Province/State:

.....

5. Country:

.....

6. Home Phone Number.:

.....

7. Cell Phone No.:

.....

Academic Details

Name of Certificate/Degree	Name of Institution	Examination Board	GPA	Year

Past Experience in Outdoor Adventure

Study or Training:

.....

Work or Internship:

.....

Travel or Sports:

.....

For Emergency:

Contact Person: Relation:

Email ID: Mobile: Tel:

Document Submitted:

- ☐ Application Fee - Rs.100
- ☐ Citizenship Certificate Photocopy
- ☐ Passport Photocopy (optional)
- ☐ Higher Secondary School Certificate or Equivalent and Grade Sheet
- ☐ Physical fitness verification by appointed physician/clinic/hospital (after admission or acceptance)
- ☐ Insurance Policy by Official Insurer (after admission or acceptance)
- ☐ Student Agreement

Certification

I certify that the information which I have given on this application is complete and accurate. I understand that it is my responsibility to notify the Admissions Office of any change in information contained in the applicaiton. In making this application, I accept and agree to abide by the policies, procedures and regulations of Himalayan School of Outdoor Recreation as set forth in this application and the School.

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Student Name

.....

Student Signature

.....

**Father/Mother/Gurdian
Name**

Date:

.....

**Father/Mother/Gurdian
Signature**