

Application Form

Photo of Student

Form No _____

Student's Name _____

Day Boarder

Class Applying for _____

Day Scholar



Budhanilkantha-11, Kapan, Kathmandu, Nepal, Tel: 01 4821078, 4820421
Email: dikshalayanepal@gmail.com, Web: www.dikshalayanepal.edu.np

Applicant Information

Family Name :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name :	Date of Birth : DD MM YYYY
Middle Name :	Country of Birth :
Religion :	Nationality :
Caste :	Blood Group :
Language Known :	Mother Tongue :

Applicant Address

Address	Country	Province	District	Municipality	Ward No.	Local Place
Permanent						
Present						

Applicant Details of previous school

Year	School	Address	Grade	GPA	Percentage	Phone No.
Awards won so far in sports, arts, academics, ECA, CCA, if you have please mention.						
Reason of Leaving Previous School :						

Applicant ECA/CCA Information

	Area of Interest
ECA	
CCA	

Applicant Health Information

Medical/Psychological condition if any	
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Family Information

Description	Father	Mother	Local Guardian
Name			
Permanent Address			
Present Address			
Home Phone			
Cell Phone			
E-mail			
Education			
Profession			
Employer / Self Employed			
Business Phone			
Any Others			

Emergency Information

Family Name :		
Relation to Child	Mobile No.	Home Telephone No.

Applicant Brother/Sister Information

Name	Age	Name of the school	Grade

i) How did you hear about the Dikshalaya Nepal Foundation?

Newspaper Website Teacher Friends Hoarding Board Pamphlets Facebook

Others.....

ii) Please write your expectation on your ward from Dikshalaya Nepal Foundation.

Response your ward

Strength:	Weakness:
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Facilities you want to take

Transportation : Yes No If yes, spot:....., How long is it from you home(km)?

Hostel : Yes No Remarks :.....

I, _____ have the authority admit my child/ward _____ into the school as the parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

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Signature of Parent/Guardian

.....
Date



Office Use Only

Entrance Score: Passed/Failed:

Suggestions from Examiner about the student:

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Admitted for Grade : Section: Roll No. :

Date of Admission : Registration No. :

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Checked by

.....
Account Section

.....
Signature of Principal

.....
Name

.....
Sign.

.....
Remarks

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School Seal