



# TRIVENI INTERNATIONAL COLLEGE

POKHARA -27, Kaski

ESTD. 2067 B.S

## ADMISSION FORM

Photo

Faculty: Management

Level: - B.B.S

Year:

Morning Shift

Date:

1. विद्यार्थीको नाम (नेपालीमा) : .....
2. Student's Name (in English): -.....
3. Date of Birth: -..... Nationality .....
4. Student Contact No: -..... Gender: Male  Female  Others
5. Permanent Address: - Province ..... District:.....  
VDC/Municipality: -.....Ward No.: ..... Tole.....
6. Temporary Address: - Province ..... District: .....  
VDC/Municipality: -.....Ward No.: ..... Tole.....
7. Father's Name: - ..... Occupation .....Contact: -.....
8. Local Guardian's Name: -..... Occupation .....Contact:- .....
9. Student's Email: .....
10. Previous attended school/college: .....
10. The chosen medium for BBS: Nepali  English

### Description of Previous Academic Level

Level	Board of Exam	Passed Year	Symbol No.	GPA	Remarks
SEE					
Grade 12					

I, hereby, acknowledge that all the details in this form are correct. After my admission to this college, I agree to abide by the rules and procedures as ordained by Tribhuvan University and this College. I will be liable to my duty as a student, to take regular class in the prescribed college dress, to maintain discipline and academic ethics.

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Student's Signature

Date:- .....

This applicant is allowed to admit to this college.

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Asst. Campus Chief