



Trilochan  
ACADEMY

Lalitpur-25, Bhaisepati, Tel: 01-5591776  
Email: trilochanacademy165@gmail.com  
Website: trilochanacademy.edu.np

Date: .....

## ADMISSION FORM

Please read this application carefully, complete all sections and ensure that supporting documents are attached.

PP Size  
Photo

Entrance Roll No.:	Level:	Preferred Shift:
Preferred Option:	Academic Year:	Application Date:

### PERSONAL DETAILS

Student's Name (Block in Letters):		Blood Group	
(In Devanagari)			
Date of Birth:	BS: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AD: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Day Month Year		Day Month Year	
Nationality:	Student's Personal Mobile:		

### PERMANENT ADDRESS

Block No.	Street:	Ward No.:	Municipality/VDC:	District:
Phone (Home):	Father/Mother Mobile No.:		Alternate Contact:	

### TEMPORARY ADDRESS

Block No.	Street:	Ward No.:	Municipality/VDC:
District:	Phone No.	Mobile:	

### PARENTS' DETAIL

Father's Name:	Occupation:	
Working Organization:	Designation:	
Phone:	Mobile:	E-mail:
Mother's Name:	Occupation:	
Working Organization:	Designation:	
Phone:	Mobile:	E-mail:
Address:		

### LOCAL GUARDIAN/EMERGENCY CONTACT

Contact Person's Name:	Occupation:	
Phone	Mobile	E-mail:
Nearest Bus Stop (if necessary)	Student's Health Problem (if any):	
Student's Email:		



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## ENTRANCE ADMIT CARD

Applicant's Signature

Entrance Roll No.:	Name:	
Applied Level:	Option:	Shift:

(Students must be bring this card in entrance and interview)

PREVIOUS EDUCATIONAL QUALIFICATIONS AND TRAINING DETAILS

Passed Level	Institute/School	District	GPA	Language of Instruction	Country	Completed Year

Awards (if any): \_\_\_\_\_

SPORTS DETAILS

Would you like to play?      Football☐      Basketball☐      Cricket☐      Badminton ☐      T.T.☐      Karate☐

If others .....

FUTURE DESIRE

Would you like to be?      Banker ☐      CA ☐      Business Person☐      Professor☐      Philosopher☐      Writer☐  
Actor/Actress ☐      Manager ☐      Others☐

\_\_\_\_\_  
Applicant's Signature

LETTER OF CONSENT

Contact Details:

I assure you that I'll co-operate the school in all respects for the entire academic programs. I hereby agree to abide the school rules and regulations.

I understand that I will be subjected to any punishment if I am proved guilty about discipline, morality and irregularity that violate the codes of conduct of Trilochan Academy.

Name of Student:

Date: \_\_\_\_\_  
Signature

Consent of Guardian/Parent

Being the Guardian/Parent of Mr./Miss ..... studying in grade/level ..... in Trilochan Academy, it is my responsibility to keep a constant watch on each and every activity of my ward as well as to cooperate the college/school in all its program that benefit my child.

I hereby agree to withdraw my ward at any time from your school, if he/she violate the school rules or distrubs the academic environment of the school.

Guardian Name:

Date: \_\_\_\_\_  
Signature

FOR OFFICE USE ONLY

Entrance Examination Result

Entrance Test | Interview: | Total Marks Obtained: \_\_\_\_\_

Remarks:

Admission Result

Forwarded | Withheld: | Rejected: | Remarks: \_\_\_\_\_

Approved by

Name: | Signature: | Date: \_\_\_\_\_