

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):		
(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"/> Day Month Year	Blood Group: <input type="text"/>
Nationality:	Student's Personal Mobile:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>		

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:		

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: _____