

Bafal, Kathmandu, Nepal

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## ADMISSION FORM

Please read this application carefully, care attached.	omplete all sections and er	nsure that supporting docu	umenting documents	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)			Blood Group			
Date of Birth:  BS: Day	lonth Year	AD:	Year	Gender: M F		
Nationality:		nt's Personal Mobile:	reur			
PERMANENT ADDRESS						
Block No. Stree	rt:	Ward No.:	Municipality/V	'DC:		
District: Phon	Phone (Home): Father/Mother Mobile No.:					
TEMPORARY ADDRESS						
Block No. Street	::	Ward No.:	Municipality/V	/DC:		
District:		Phone No.	Mobile:			
GUARDIAN DETAILS						
Father's Name:			Occupation:			
Working Organization:			Designation:			
Phone:	Mobil	le:	E-mail:			
Mother's Name:			Occupation:			
Working Organization:			Designation:			
Phone: Mobile:			E-mail:	E-mail:		
Address:						
LOCAL GUARDIAN/EMER	GENCY CONTACT					
Contact Person's Name:			Occupation:			
Phone	Mobi	ile	E-mail:			
Nearest Bus Stop (if necessary)			Student's Health Problem (if any):			
Student's Email:						
RISING STAR HIGHER SECONDARY SCHOOL/COLLEGE		ı, Nepal 7.1467, Post Box: 8975, EPC: yahoo.com, Website: www.risingsta				





Applicant's Signature

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

## PREVIOUS EDUCATIONAL QUALIFICATIONS AND TRAINING DETAILS

Passed Level	Institute/So	:hool	District	Percentage	Language of Instruction	Country	Completed Year		
Awards (if any	Awards (if any):								
SPORT	S DETAILS								
Would you lik	e to play? Football	Basketball Cric	ket 🗌	Badminton 🗌	Т.Т.	Kara	te 🗌		
If others									
FUTUI	RE DESIRE								
Would you lik	e to be? Banker Actor/Actress	CA Busin	ness Person Others	_	sor Phi	losopher Applicant's Sig	Writer		
LETTE	R OF CONSENT								
Consent of Guardian/Parent  I assure you that I'll co-operate the college/school in all respects for the entire academic programs. I hereby agree to abide the college/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 RSHSS/College.  Consent of Guardian/Parent  Being the Guardian/Parent of Mr./Miss						College, it is my y activity of my s program that			
Name of Stude	nt:			lian Name:					
Date:		Signature	Date:				Signature		
FOR OF	FICE USE ONLY								
Entrance	Examination Result								
Entrance Test Interview		w:	: Total Marks Obtained:						
Remarks:									
Admission	n Result								
Forwarded		Withheld:	F	Rejected:	Rem	arks:			
Approved	by								