

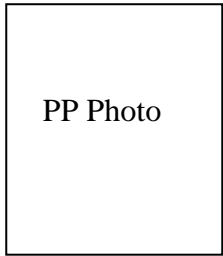
Registration No:



Siddhartha Vanasthali Institute

Vanasthali, Balaju, Kathmandu

ADMISSION FORM



Student's Name (In block letters)

Date of Birth : (B.S.)

..... (A.D.)

Gender: Male Female

Father's Name (In block letters)

Residential address:

.....

Contact No. : Occupation:

Office name and address:

Mother's Name (In block letters)

Contact No. : Occupation:

Office name and address:

Local Guardian Name:

.....

Contact No. : Occupation:

Name of the previous school and address:

.....

Last Attended class

Admission Seeking In Class: _____

.....
Parent's Signature

Name:

For Office Use Only

Admission into class: Academic Session

School Bus: No Yes Bus Stop (if yes)

Authorized signature: