

ADMISSION FORM

www.newzenith.edu.np

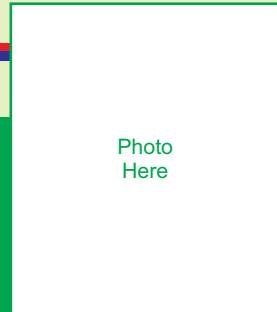


"Gateway to the zenith of success"

NEW ZENITH ENGLISH MODEL HS SCHOOL

Tamsipakha, **Bhurungkhel**, Kathmandu, Nepal
Tel. +977-1-4249164, 4215428 Email: newzenithschool@gmail.com

**APPLICATION FOR
ADMISSION**



PROGRAMME

Opt. Subject	<input type="checkbox"/> Hotel Management	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Travel & Tourism
Level	<input type="checkbox"/> 10 + 1	<input type="checkbox"/> 10 + 2	
Shift	<input type="checkbox"/> Morning	<input type="checkbox"/> Day	

PERSONAL DETAILS OF THE APPLICANT

SURNAME Block letters	GIVEN NAME Block letters	MIDDLE NAME Block letters
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

AGE (according to SLC record)

Date of Birth	Year	Month	Day	Place of Birth	
B.S.	<input type="text"/>	<input type="text"/>	<input type="text"/>		
A.D.	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Nationality	<input type="text"/>				
Gender	Male	<input type="checkbox"/>	Female	Religion	<input type="text"/>

OTHERS DETAILS OF THE APPLICANT

Father's Name Block letters	<input type="text"/>
Occupation	<input type="text"/>
Contact No.	<input type="text"/>
Mother's Name Block letters	<input type="text"/>
Occupation	<input type="text"/>
Contact No.	<input type="text"/>

"Education is the Zenith of all the Gifts"

New Zenith English Model HS School

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ADDRESS OF THE APPLICANT

Permanent Address:

Zone District
Municipality/City/VDC Ward No.
Residence Fax: Cell Phone:

Current Address (if different):

Zone District
Municipality/City/VDC Ward No.
Residence Fax: Cell Phone:

ACADEMIC RECORDS

Level	Institution & Address	Passed Year	Percentage
SLC or equivalent			

SLC Symbol No.

OTHER DETAILS: TRANSPORTATION (only if your child requires transportation facility) Yes No

If Yes, specify: Pick-up point to Drop point

How do you know about NZEM(HS)S ?

a. Person b. Radio c. Television d. Newspaper e. Banner f. Board

We hereby, declare that the information provided in this form is true to the best of my knowledge. I feel pleased to show my commitment in following the rules and regulations strictly. If I violate the rules and regulations of the school I will accept any action taken against me.

.....
Student's Signature

Date:

.....
Parent's/Guardian's Signature

Date:

Office use only

Verified by:

Approved by:

Date:

Official Seal

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