

Shape Your Future

Form Number

+2 Programme

Application Form

Name of the Applicant: _____

Stream

Science

Management



Applicant Information

Please Attach
Your Photo
Here

Name
(in English)

Given name/s

Family name

नाम
(देवनागरीमा)

नाम

थर

Date of Birth
(According to SEE records)

AD

Day

Month

Year

BS

Day

Month

Year

Place of Birth

Gender

Male

Female

Nationality

Permanent Address

City or Village & Ward No

District

Country

Telephone number/s

Mobile number/s

Local Address

(If it's the same as
your permanent
address, write 'AS
ABOVE'.)

City or Village & Ward No.

District

Country

Telephone number/s

Mobile number/s

Educational Background

List the schools you have attended beginning with the most recent school.

Name of the School	Class (Grade/Level)	Date of Attendance (Month & Year)		Address (City, District & Country)
		From	To	

Grade Point Average (GPA) or
Aggregate % in SEE/Equivalent _____

Name of the Board *if other than SEE*

Subjects	Final Grade	Grade Point
Comp. English		
Comp. Mathematics		
Comp. Science		

Have you been awarded any scholarship? Yes No

If yes, please give details of the scholarship/s (including the basis and amount/s of the scholarship/s awarded)

Course Choice

Stream

Science
 English
 Physics
 Chemistry
 Mathematics
Choose any ONE
 Biology
 Computer Science

Management
 English
 Nepali
 Accountancy
 Economics
Choose any ONE
 Hotel Management
 Business Studies
 Mathematics
 Computer Science

Shift: Morning

Day

Parents & Guardian's Information

Father

Given name/s

Family name

Occupation

City or Village & Ward No.

District

Country

Telephone number/s

Mobile number/s

Email

Mother

Given name/s

Family name

Occupation

City or Village & Ward No.

District

Country

Telephone number/s

Mobile number/s

Email

Local Guardian

Given name/s

Family name

Relationship

City or Village & Ward No.

District

Country

Telephone number/s

Mobile number/s

Email

Awards & ECA

1. Rewards and certificates

Please list all rewards and certificates received.

2. Mention clubs, organizations, sports and/or extracurricular activities in which you have been involved.

Please indicate how long you were or have been involved in each and describe your participation.

3. Have you ever volunteered for an organization or done community service? Yes No

If yes, please list organizations, indicate how long you were or have been involved in each, and describe your participation.

4. What are your future plans – college or university plans and career goals?

Note: Please use extra sheets if necessary

Additional Information

1. Has the applicant repeated any class or grade or level? No Yes

If yes, please specify class or grade or level and reason(s) for repeating:

2. Has the applicant ever been suspended or dismissed from school for any reason? No Yes

If yes, please provide specific details:

3. Does the applicant have any mental, psychological or physical health condition or disability about which the College should be aware? No Yes

If yes, please provide specific details:

4. Does the applicant routinely take medication? No Yes

If yes, please indicate medication(s), dosage, reasons for the medication(s), how long the student has been taking medication(s) and side effects:

5. Does the applicant have special needs? No Yes

Please outline any special needs the student may have which will enable the College to support him or her:

Miscellany

Residential Facility Yes No

Transportation Facility Yes No

If yes, mention the pick-up point _____

How did you come to know about KIST College?

KIST student or College family Friends or acquaintances Relatives

Website Seminar Newspaper Others _____

Supporting Documents

Please submit the following documents along with this Application Form:

1. Photocopies of the grade-sheet/mark-sheet of SEE/Equivalent
2. Documents related to SEE/Equivalent certification
3. Photocopies of the documents related to any rewards, certificates, and special contributions.

Declaration & Signature

I wish to be considered for admission to +2 Programme at KIST and request for issuance of an Exam Entry Card.

- I declare the information supplied in this application and the documentation supporting it is correct and complete.
- I acknowledge that the provision of false or misleading information may result in the non-acceptance of this application or immediate expulsion from the College after admission.
- I authorize the College to verify any information provided by me.
- I authorize the College to obtain, where necessary, from any other educational institution evidence of my academic record or to seek other supporting evidence with respect to my application.

Name of the Applicant _____ Signature _____

Name of the Parent or Local Guardian _____ Signature _____

Date _____

For Official Use

Name of the Applicant _____

Stream: Science Management

Entrance Test _____
Date _____ Time _____

Signature
Admission Officer

Date _____



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Commitment to Excellence