



Institute of Open Learning, Nepal

ANAMNAGAR, KATHMANDU

(Affiliated to Purbanchal University)

Photo

ADMISSION FORM

PERSONAL INFORMATION

1. Name of the Candidate:

In English (Block Letter) Mr/Miss/Mrs. _____

In Devanagari: _____

2. Date of Birth : _____ Year _____ Month _____ Day (B.S.) _____ Year _____ Month _____ Day (A.D.)

3. Gender: Male Female Other

4. Father's Name: _____

5. Mother's Name: _____

6. Permanent Address:

Province: _____ Village/Municipality: _____

Ward No: _____ Mobile: _____ Email: _____

7. Temporary Address:

Province: _____ Village/Municipality: _____

Ward No: _____ Mobile: _____ Email: _____

8. Local Guardian's Details:

Local Guardian Name: _____

Province: _____ Village/Municipality: _____

Ward No: _____ Mobile: _____ Email: _____

9. Application Submitted for the Program: _____

10. Priority of Elective Subjects:

1st _____ 2nd _____ 3rd _____

11. Name and District of Contact Center where you want to join. Please tick (✓) one.

Kathmandu Chitwan Pokhara Other: _____

12. Educational Qualification

Exam Passed	School/Campus	Major Area	Board/University	Year	Div.
S.L.C					
PCL/+2					
Bachelor					
Master's					

Any other information you wish to furnish:

I hereby declare that the information given in this Application form is true.

Signature of Applicant

(Note: Attested copies of all valid documents should be attached herewith.)

FOR OFFICE USE ONLY

This applicant has passed the admission test held on _____ s/he has been granted admission.
Accounts receipt no. _____ dated _____. S/he has submitted the following documents.

Mark sheet/Transcript

Character Certificate

Migration Certificate

Name: _____

Designation: _____

Date: _____

Signature of the Official: _____