

ADMISSION FORM

Form No.: _____

FOR OFFICE USE ONLY

Interview Remarks: _____

A/C No.: _____



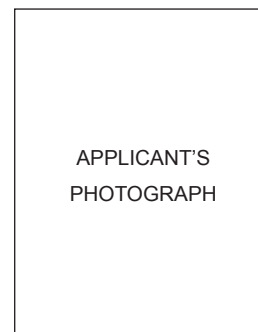
Group:
Biology
Physical

SCIENCE

Eligibility for Applying to Little Angels' College:

APPLICATION NO.:

- a) Passed the School Leaving Certificate Examination (SLC) or an equivalent examination recognized by the Ministry of Education, with at least 3.2 grade point (B+).
- b) A minimum combined aggregate score of B+ grade in major subjects i.e. English, Compulsory Mathematics and Science.
- c) Optional Mathematics should be a subject taken by the student at the SLC level.



Note: There may be variation/s in the eligibility criteria mentioned above from year to year. Applicant should confirm the same from the college authorities before applying for admission.

SHIFT		Hostel
Morning	Day	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL DETAILS

1. Name of Applicant:
(Use CAPITAL Letters) (First Name) (Middle Name) (Family Name)

2. Gender: Male Female Other [Tick] 3. Nationality

4. Date of Birth: A.D. B.S.
DD MM YYYY DD MM YYYY

5. Place of Birth:
Village/Municipality District Zone

6. a) Chronic Disease (If any): b) Blood group

FAMILY DETAILS

7. Father's Name:
(First Name) (Middle Name) (Family Name)

8. Mother's Name:
(First Name) (Middle Name) (Family Name)

9. Occupation: a) Father's b) Mother's

10. Address: a) Residence
 Tel:
Email:
b) Father's/Mother's Office
 Tel:
Email:

11. Local Guardian:
(First Name) (Middle Name) (Family Name)

12. Address: a) Residence
 Tel:
Email:
b) Office
 Tel:
Email:



ADMIT CARD ENTRANCE EXAMINATION

Group:
Biology
Physical

APPLICATION NO.: A.....

NAME OF STUDENT: _____

CENTRE OF ENTRANCE EXAMINATION: _____

EXAM DATE: _____ REPORTING TIME: _____

Signature of Principal

DATE

APPLICANT'S
PHOTOGRAPH

EDUCATIONAL DETAILS

13. a) Board Passed:

b) Year:

14. School Last Attended:

15. School Address:

Telephone:

Email:

16. SLC/Send-up Result: [Tick]

Grade Obtained

Subject	Send Up	SLC
Compulsory English		
Compulsory Nepali		
Compulsory Mathematics		
Compulsory Science		
Social Studies		
Environment, Health & Population		
Optional I		
Optional II		
GPA		

17. Awards/Scholarships won [if any]

S.No.	Type of Scholarship	Position/Rank	Award/Scholarship Won

ADDITIONAL DETAILS

18. a) If admitted to School, would you need Transportation? YES NO [Tick]

b) If Yes, Mention Bus Stop:

19. a) Is your Brother/Sister presently Studying/Applying in this College? YES NO [Tick]

b) If Yes, Provide Details:

Name of brother/sister presently studying/applying in Little Angels' Education Group	Program	Class/Level	College ID of brother/sister (in case already studying)

20. How did you know about Little Angels' College? (Tick all that apply)

Radio Social Network Magazine Review Friend/Family Recommendation Website Newspaper

Others Please Specify:

We do hereby declare that all the details provided above are true. In case any misinformation is found at any stage of the applicant's study, her/his registration may be cancelled and any action taken by the college in this regard will be accepted by us. We, also agree to abide by all existing rules and regulations of the college and those that may be framed from time to time.

Signature of the Applicant

Date

Signature of Father/Mother

Note: Character Certificate, photocopy of SLC/Send-up marksheet, two PP size photographs of the applicant have to be submitted along with this application. Submission of Application Form does not guarantee admission. Admission will be granted as per the policy of Little Angels' College.

EDUCATIONAL DETAILS

13. a) Board Passed:

b) Year:

14. School Last Attended:

15. School Address:

Telephone:

Email:

16. SLC/Send-up Result: [Tick]

Grade Obtained

Subject	Send Up	SLC
Compulsory English		
Compulsory Nepali		
Compulsory Mathematics		
Compulsory Science		
Social Studies		
Environment, Health & Population		
Optional I		
Optional II		
GPA		

17. Awards/Scholarships won [if any]

S.No.	Type of Scholarship	Position/Rank	Award/Scholarship Won

ADDITIONAL DETAILS

18. a) If admitted to School, would you need Transportation? YES NO [Tick]

b) If Yes, Mention Bus Stop:

19. a) Is your Brother/Sister presently Studying/Applying in this College? YES NO [Tick]

b) If Yes, Provide Details:

Name of brother/sister presently studying/applying in Little Angels' Education Group	Program	Class/Level	College ID of brother/sister (in case already studying)

20. How did you know about Little Angels' College? (Tick all that apply)

Radio Social Network Magazine Review Friend/Family Recommendation Website Newspaper

Others Please Specify:

We do hereby declare that all the details provided above are true. In case any misinformation is found at any stage of the applicant's study, her/his registration may be cancelled and any action taken by the college in this regard will be accepted by us. We, also agree to abide by all existing rules and regulations of the college and those that may be framed from time to time.

Signature of the Applicant

Date

Signature of Father/Mother

Note: Character Certificate, photocopy of SLC/Send-up marksheet, two PP size photographs of the applicant have to be submitted along with this application. Submission of Application Form does not guarantee admission. Admission will be granted as per the policy of Little Angels' College.

ADMISSION FORM

Form No.: _____

FOR OFFICE USE ONLY

Interview Remarks: _____

A/C No.: _____



MANAGEMENT

Eligibility for Applying to Little Angels' College:

APPLICATION NO.:

- a) Passed the School Leaving Certificate Examination (SLC) or an equivalent examination recognized by the Ministry of Education, with at least 2.8 grade point (B).
b) A minimum combined aggregate score of B grade in major subjects i.e. Compulsory Mathematics and English.

Note: There may be variation/s in the eligibility criteria mentioned above from year to year. Applicant should confirm the same from the college authorities before applying for admission.

SHIFT		Hostel
Morning	Day	

APPLICANT'S PHOTOGRAPH

PERSONAL DETAILS

1. Name of Applicant: _____
(Use CAPITAL Letters) (First Name) (Middle Name) (Family Name)
2. Gender: Male Female Other [Tick] 3. Nationality _____
4. Date of Birth: _____ A.D. _____ B.S.
DD MM YYYY DD MM YYYY
5. Place of Birth: _____
Village/Municipality District Zone
6. a) Chronic Disease (If any): _____ b) Blood group _____

FAMILY DETAILS

7. Father's Name: _____
(First Name) (Middle Name) (Family Name)
8. Mother's Name: _____
(First Name) (Middle Name) (Family Name)
9. Occupation: a) Father's _____ b) Mother's _____
10. Address: a) Residence _____
Tel: _____ Email: _____
b) Father's/Mother's Office _____
Tel: _____ Email: _____
11. Local Guardian: _____
(First Name) (Middle Name) (Family Name)
12. Address: a) Residence _____
Tel: _____ Email: _____
b) Office _____
Tel: _____ Email: _____



ADMIT CARD ENTRANCE EXAMINATION

APPLICATION NO.: A.....

NAME OF STUDENT: _____

CENTRE OF ENTRANCE EXAMINATION: _____

EXAM DATE: _____ REPORTING TIME: _____

Signature of Principal

DATE

APPLICANT'S PHOTOGRAPH