Shape Your Future

Form Number

+2 Programme

Application Form

Name of the Applicant:

Stream

Science

Management



Applicant Information

Please Attach Your Photo Here

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Name									
(in English)			Giv	en name/s				J	Family name
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				District					Country
			Toloni	hone number/s					Mobile number/s
			ισισμι	ione number/s					WOUNTE HUITIDEN'S
Local Address (If it's the same as your permanent address, write 'AS ABOVE'.)					0;;	1611 0.14	/ N -		
					City	or Village & W	ara No.		
				District					Country
			Telepl	hone number/s					Mobile number/s

Educational Background

Shift: Morning

Grade Point Average (GPA) or Aggregate % in SLC/Equivalent Name of the Board If other than SLC Comp. English Comp. Mathematics Comp. Science 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 Management Business Studies (City, District & Country) Subjects Final Grade Grade Point Comp. English Comp. English Comp. Mathematics Comp. Science Implied the scholarship/s awarded)	List the schools you have attended beging Name of the School	Class			endance		Λdα	Iress
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Mathematics Choose any ONE Biology Economics Choose any ONE Hotel Management Business Studies	Physics			Nepali				
Mathematics Choose any ONE Biology Choose any ONE Business Studies								
Biology Business Studies				Choose	any ONE			
Computer Science Mathematics Computer Science	Computer Science			Mather	natics			

Day

Parents & Guardian's Information

	Given name/s	Family name					
		Occupation					
	City or	Village & Ward No.	Ward No.				
		Country					
	Telephone number/s	Mobile number/s					
		Email					
Mother	Given name/s	Family name					
	Occupation 0						
	City or Village & Ward No.						
	District	Country					
	Telephone number/s	Mobile number/s					
		Email					
ocal Guardian							
ooar daararan	Given name/s	Family name					
	Relationship	City or Village & Ward No.					
		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?

Additional Information

1.	Has the applicant repeated any class or grade or level? No 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
	Miscellany
Re	esidential Facility Yes No Transportation Facility Yes No
	If yes, mention the pick-up point
	w did you come to know about KIST College?
	T student or College family Friend/s or acquaintance/s Relatives Relatives
We	bsite Seminar Newspaper Other/s —

Supporting Documents

Please submit the following documents along with this Application Form:

- 1. Photocopies of the grade-sheet/mark-sheet of SLC/Equivalent
- 2. Documents related to SLC/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 HSEB +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 ————	



PO Box 20828, Kamalpokhari, Kathmandu, Nepal **Tel: 4434990, 4434178**, Email: info@kist.edu.np

Exam Entry Card

Entrance Test for +2 Programme

COLLEGE & SS

Please Attach Your Photo Here

1	Name of the Applic	cant —		
9	Stream: Science	Management		
				Applicant's Signature
	To be filled by the Colleg	e staff		
(Card No			
E	Entrance Test			
		Date		Time
KIST	Official seal	Signature Admission Officer	Date ———	
MOT	Ulliciai Scai	Bring the Exam Entry Card	for the Entrance Test.	

• Bring the Exam Entry Card for the Entrance Test.

• Return the Card to the office at the time of admission.

Note: • Carry this Card with you for the Interview.

Admission Information at www.kist.edu.np

- Prospectus, Results & Admission Details
- Application Forms can also be obtained and submitted online.



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