Gandaki University
गण्डकी विश्वविद्यालय

The Office of the Examination Committee

Mustang Chowk, Pokhara, Nepal

Registration Form

<pp size photo>

Name of Student *(in block letter)*:

First Middle Last

Name of Student in Devanagari:

Date of Birth (dd/mm/yy):

In BS *In AD*

Gender: Male ☐ Female ☐ Others ☐

Nationality…… **Religion**…… **Ethnicity**……

Fathers Name:

Mothers Name:

Email…… **Phone Number**……..……

Permanent Address:

Temporary Address:

Faculty…… **Level**……..…… **Program**……

I declare that the particulars are correct. If found incorrect any action taken by the university will be acceptable to me. Attach verified photo – copies of necessary certificate in support of these particulars.

……...
Signature of Student

TO BE FILLED BY THE UNIVERSITY/COLLEGE/CAMPUS/SCHOOL

It is certified that the documents submitted by the student have been properly verified and the particulars furnished are accurate to the best of our knowledge.

Allocated Registration Number:

Checked by	Name of Institute	Office seal	Head of Institute
Date……	Date:…….	Date:…….	Date:……