Council for Technical Education and Vocational Training (CTEVT)

Office of the Controller of Examinations
Sanathimi, Bhaktapur, Nepal

Certificate Level/Diploma Level

Registration Form

Registration No.: ____________________________

To,
The Controller
Office of the Controller of Examinations, CTEVT
Sanathimi, Bhaktapur
C/O The Chief,

I hereby request, along with Bank Voucher of Rs. ................. and following details, to register ................... level of ......... Program.

1. Full Name of the Applicant:
   (In Block Letter) ____________________________

2. Name of the Father/Mother:
   (In Block Letter) ____________________________ Occupation:

3. Programme: ...........................................................................................................................

4. Permanent Address of the Applicant: ..........................................................VDC/Municipality/Ward.......................... District .................................................................

5. Mailing Address: ..................................................................................................................

6. Date of Birth: .............................................. B.S., ............................................................. A.D.

7. Gender (Tick in Appropriate box): Female [ ] Male [ ]

8. Academic Qualification:

<table>
<thead>
<tr>
<th>NAME OF THE INSTITUTION</th>
<th>Address</th>
<th>Passed Level</th>
<th>Year</th>
<th>Grade</th>
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<td>GPA/Division</td>
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</tbody>
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9. Quota: General [ ] TSLC [ ] Scholarship: Merit [ ] Classified [ ]

10. Name And Address Of The Institution Currently Studying: ..........................................................

All the details as stated above are true and correct, I will bear all consequences in accordance with prevalent laws in case of found otherwise.

Date: ........................................................................ Signature of Applicant

Office Stamp: .......................................................... Signature of School/Center Chief

Date: ........................................................................

All the details as stated above seen true by judgement. So I give permission to accept this registration form.

Date: ........................................................................ Signature of Officer, Office Of The Controller of Examinations

Date: ........................................................................ Deputy Controller
Guidelines

Applicant should follow the following instructions while filling the form.

1. In the serial number 1, Name, surname of the applicant should be written clearly in English [block letter].
2. In the serial number 2, name, surname of the father/mother should be written clearly in English (Block Letter).
3. In serial number 4, applicant should write detail address of District, VDC/Municipality, Ward No. in clear language.
4. In serial number 6, applicant should write date of birth in B.S. mandatorily and in AD if possible.
5. In serial number 7, put [✓] mark in appropriate box.
6. In serial number 9, name and address of the institution currently studying should be written clearly.
7. Signature of the applicant should be certified by the signature verifying officer mandatorily.
8. Registration form to be filled up by all.
9. In Serial Number 9 put [✓] mark in appropriate box.
10. Applicant, who has not filled up the registration form, shall not attend the final examination. Even in case attended to the final examination that shall be avoid automatically.
11. Applicant, Who has studied abroad, has to submit transfer migration certificate.
12. Applicant should submit photocopies of academic and training certificate and citizenship, Birth certificate along with the registration form.

Office of the Control of Examinations, CTEVT