

Council for Technical Education and Vocational Training

School of Health Science

Bharatpur-10, Chitwan, Nepal

Hostel Committee**HOSTEL REGISTRATION FORM**

Fix recent photo

First Name:		Middle Name:		Last Name:	
Mention your Guardian		<input type="checkbox"/> Father.....	<input type="checkbox"/> Occupation		
		<input type="checkbox"/> Mother:.....	<input type="checkbox"/> Occupation		
Do you have any local guardian in chitwan? If yes Specify		<input type="checkbox"/> Name.....	<input type="checkbox"/> Address.....		
		<input type="checkbox"/> Relation:.....	<input type="checkbox"/> Tel No.		
Do your parents give you permission for night stay in their home. Write your parents opinion about local guardian and take permission from your parents to stay with them in case you want with during vacation.					
Name of Parent:.....					
Signature:					
Caste					
<input type="checkbox"/> Dalit <input type="checkbox"/> लोपउन्मुख <input type="checkbox"/> Muslim <input type="checkbox"/> Madhesi <input type="checkbox"/> Janjati <input type="checkbox"/> Brahmin <input type="checkbox"/> Kshetri <input type="checkbox"/> पुर्व कर्मैया <input type="checkbox"/> Others (Specify):					
Are You differently able <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) <input type="checkbox"/> Submit proof					
Are You Orphan <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) Are You एकल महिला <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) <input type="checkbox"/> Submit proof					
Address	District				
	VDC/Municipality		Ward #	Tole/ village	
Email Address:			Student FB ID:		
Phone Numbers		Residence:	Cell:		
Type of School: <input type="checkbox"/> Govn/Public <input type="checkbox"/> Nongovn		Entrance Mark Obtained:.....		SLC Mark Obtained:.....	
Courses		<input type="checkbox"/> GM <input type="checkbox"/> MLT <input type="checkbox"/> DPh <input type="checkbox"/> OSc <input type="checkbox"/> RG <input type="checkbox"/> PT <input type="checkbox"/> Dental <input type="checkbox"/> TSLC (Specify): <input type="checkbox"/> Training course, specify:.....			
Do You have any problem: mark ✓ if yes and x if no.		<input type="checkbox"/> Physical (Mention)..... <input type="checkbox"/> Mental (mention)..... <input type="checkbox"/> Social (Mention):.....			
Above mention information are true and if found wrong I am ready to get punishment as per rule		I hereby agree to follow the rule and regulation of hostel			
Name of Student:.....		Name of Student:.....			
Signature:		Signature:			

