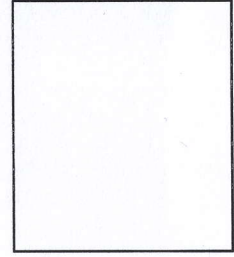


**KATHMANDU UNIVERSTIY
SCHEER MEMORIAL HOSPITAL MEDICAL INSTITUTE
COLLEGE OF NURSING
Banepa, Kavre**

APPLICATION FORM



Date: - _____

Personal Data

Full Name (Block Letter): - _____

Date of Birth: - _____ Age: - _____ Sex: - _____

Guardian's Name: - _____

List out names of your own family members:

Name	Relation	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address

Permanent: - V.D.C./Municipality _____, District _____, Zone _____

Temporary: - V.D.C./Municipality _____, District _____, Zone _____

Phone no: - _____ E-mail: - _____

Academic Qualification

School: - _____

College: - _____

Qualification: - _____, Percentage: S.L.C. _____ Intermediate _____

KU Basic B. Sc. Nursing Entrance Card no.:- _____ KU Entrance Merit No: - _____

Submit Document as Follows

1. Citizenship
2. Mark Sheet/Transcript – SLC/HSEB/TU/KU
3. Character Certificate – SLC/HSEB/TU/KU
4. Certificate – SLC/HSEB/TU/KU
5. Migration, Provisional Certificate (HSEB/TU)
6. KU Entrance Examination Admission Card
7. Health Certificate after selection