

# PROGRAM APPLICATION FORM



Pulchowk, Lalitpur  
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Name : \_\_\_\_\_

Residence Address : \_\_\_\_\_

Cell Phone : \_\_\_\_\_ E-mail : \_\_\_\_\_

School / College : \_\_\_\_\_

Education Level :  Senior High School  College Year

Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_

Social Security / National Insurance Number / Citizenship / Number : \_\_\_\_\_

Passport Number : \_\_\_\_\_ Valid Date : \_\_\_\_\_

Guardian's Name A : \_\_\_\_\_

Guardian's Name B : \_\_\_\_\_

Guardian's Mobile Number : \_\_\_\_\_

Any Medical Conditions : \_\_\_\_\_

(diabetes, cardiac, high blood pressure, cancer, epilepsy, psychiatric, etc):

\_\_\_\_\_

Any Allergies : \_\_\_\_\_

\_\_\_\_\_

Program : \_\_\_\_\_

Program Dates : Departure : \_\_\_\_\_ Return: \_\_\_\_\_

Program Fee (US\$) : \_\_\_\_\_

**I agree to the terms and conditions of participation in the program of Rajkarnicar Institute.**

\_\_\_\_\_  
Signature (Applicant)

Date: / /

\_\_\_\_\_  
Signature (Guardian)

Date: / /