

# PROGRAM ENROLMENT FORM

getting to know you



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Name : \_\_\_\_\_

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

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

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

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

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

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

College Major : \_\_\_\_\_

Program Goal / Objective : \_\_\_\_\_

Subject / Topic of Interest : \_\_\_\_\_

Preference of Location : \_\_\_\_\_

Time Period Preference : \_\_\_\_\_

Program of Interest : \_\_\_\_\_

Institutions of Interest : \_\_\_\_\_

Work / Volunteer Experience : \_\_\_\_\_

Countries Travelled : \_\_\_\_\_

Hobbies / Extra-Curricular Activities : \_\_\_\_\_

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

Date: / /