



Student's Registration Form

REG. NO. _____

RECORD NO. _____

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Full Name:			
Date of Birth:	/ /	Nationality:	
Email:		Phone:	
Gender:	☐ M ☐ F	Marital Status:	
Present Address:			
Interested Course:			
Permanent Address:			

ABROAD STUDY

Country you Preferred:

Course you Preferred: ☐ **IELTS** ☐ **EPS (Korean Language)** ☐ **PTE**
☐ **N3** ☐ **N4** ☐ **N5**

QUALIFICATION

LEVEL:		Board:		Passed Year:		Percentage:	
LEVEL:		Board:		Passed Year:		Percentage:	
LEVEL:		Board:		Passed Year:		Percentage:	

Student 's Signature

Officer Signature

Bagbazar Kathmandu,
 01-5350919 / 9861106379
 info@ichhihana.com
 www.ichhihana.com

THANK YOU FOR REGISTRATION