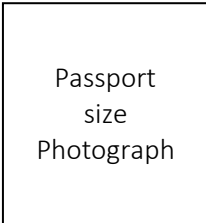


**KATHMANDU UNIVERSITY
SCHOOL OF ARTS
FOUR-YEAR UNDERGRADUATE PROGRAM**



APPLICATION FORM 2020

1. I hereby apply for admissions to the Bachelor in _____, (Program Name)
 offered by School of Arts, KU in School of Arts National College St. Xavier's College. If accepted as a student I
(Kathmandu University) (Affiliated College) (Affiliated College)
 shall comply with all regulations, conditions and rules of the University.

2. Personal Details (use BLOCK LETTERS)

Last Name	First Name	Middle Name
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Date of Birth: A.D. B.S. Nationality: _____
DD MM YYYY DD MM YYYY

Sex: Male Female Others _____

Father's Name: _____ Occupation: _____

Mobile No: E-mail: _____

Mother's Name: _____ Occupation: _____

Mobile No: E-mail: _____

Parent's Name: _____ Occupation: _____

Parent's Contact Resi.Tel: Mobile No:

Correspondence Address

Permanent Address

 Tel: _____ E-mail: _____ Tel: _____ E-mail: _____

3. Education

List in chronological order the schools you have attended, beginning from SLC/SEE.

School/College	Board	Major Subjects	Degree Earned	Percentage or CGPA	Dates Attended

4. Awards and Recognition

List all significant scholarships, awards, and academic prizes you have received since high school.

5. Other Details

Add any other information which you believe may influence our decision on your application.

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6. Admit Card



Kathmandu University
School of Arts

Hattiban, Lalitpur, Nepal
Tel: +977 1 5251 294, 5251 306

Kathmandu University School of Arts' Admission Test (KUSAAT) -2020
For four-year Undergraduate Programs

Symbol No:

KUSAAT ID CARD

Passport
size
Photograph

Program applied for: _____

Last Name

First Name

Middle Name

Date of Birth: A.D. B.S.

DD

MM

YYYY

DD

MM

YYYY

Email: _____

Mobile No:

Applicant's Signature: _____

Examination Centre (For official use.):

- School of Arts, Hattiban
- National College, Dhumbarahi
- St. Xavier's College, Maitighar

Coordinator, KUSAAT central committee

7. Only for foreign students

Country of citizenship: _____ Type of visa: _____

Local contact person: _____

I hereby certify that the information given above is complete and accurate.

Signature of Applicant

Date: _____

Signature of Parent/Guardian

Date: _____

Verified by	Approved by
Name:	Name:
Designation:	Designation:
Date:	Date: