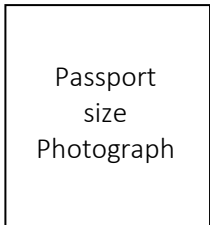


KATHMANDU UNIVERSITY
 SCHOOL OF ARTS
 FOUR-YEAR UNDERGRADUATE PROGRAM



APPLICATION FORM

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

2. Personal Details (use BLOCK LETTERS)

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>

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: _____

Guardian's Name: _____ Occupation: _____

Guardian's Contact Resi. Tel:

--	--	--	--	--	--	--	--	--	--

 Mobile No:

--	--	--	--	--	--	--	--	--	--

Correspondence Address

Province: _____ District: _____
 Rural/Municipality: _____ Ward no: _____
 Tel: _____ E-mail: _____

Permanent Address

Province: _____ District: _____
 Rural/Municipality: _____ Ward no: _____
 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. Activities

List any major activity you have taken part in since high school.

Name of Activity	Description	Date of Participation

6. Other Details

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

7. Source of Information:

Where did you find out about this program?

- School's Website Social Media Newspapers School's Events others

Please mention if Others: _____.

8. 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:



Kathmandu University

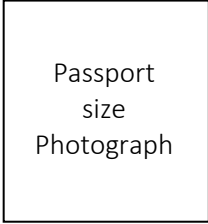
School of Arts

Hattiban, Lalitpur, Nepal
Tel: +977-1-5913306, 5913307

*Kathmandu University School of Arts' Admission Test
(KUSAAT) -2024 For four-year Undergraduate Programs*

Symbol No:

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ENTRANCE EXAM ID CARD

Program applied for: _____

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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
- School of Arts, Balkumari
- Dept of Music, SOA, Tripureswor

HoD/Coordinator



Symbol No:

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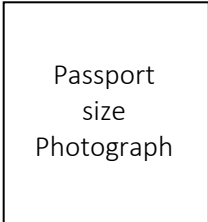


Kathmandu University

School of Arts

Hattiban, Lalitpur, Nepal
Tel: +977 1 5913306, 5913307

*Kathmandu University School of Arts' Admission Test
(KUSAAT) -2024 For four-year Undergraduate Programs*



Interview ID CARD

Program applied for: _____

--	--	--	--

Last Name

First Name

Middle Name

Date of Birth:

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 A.D.

--	--	--	--	--	--

 B.S.

DD

MM

YYYY

DD

MM

YYYY

Email: _____

Mobile No:

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Applicant's Signature: _____

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