



RELiance INTERNATIONAL ACADEMY (RIA)

Budhanilkantha-12, Kapan, Milan Chowk, Kathmandu

Ph: 01-4810529, 4811552

APPLICATION FORM

App Form No.:

Applicant's Information

First Name (Block Letter)	Middle Name (s)	Last Name		
First Name (Devnagari)	Middle Name (s)	Last Name		
Date of Birth (YYYY-MM-DD)	Date of Birth (Nepali Date)	Male Female		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Nationality	Cast	Religion		
If any ethnic group,	Janajati	Dalit	Madhesi	Others
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Tole/Village	Ward No.	VDC	District
Temporary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Previous School	Reason for Leaving Previous School			
Health Status if any critical condition:				
Applying for Grade	Previous Position in School	Percentage		

Parent's/Guardians' Information

	Father	Mother	Guardian
First Name			
Middle & Last Name			
Address			
Home Phone			
Cell Phone			

	Father	Mother	Guardian
E-mail			
Education			
Occupation			
Any Others			

Facilities you want to take:

Transportation: Yes No If yes, spot: _____

Hostel: Yes No Remarks: _____

I, the undersigned, hereby declare that the above information regarding my ward is true and accurate. I have read the prospectus of RIA and promise on behalf of my ward to abide by all the rules and regulations. I also promise to take full responsibility of my ward and will co-operate with the RIA to reform my ward conduct whenever necessary. If my ward does not abide by the RIA's rules and regulations, the RIA will be free to take any necessary actions.

.....
Signature of Parent/Guardian

.....
Date

For Office Use Only:

Entrance Score: Passed/Failed:

Suggestions from Examiner about the student:

Admitted for Grade: Section: Roll No.:

Date of Admission: Registration No.:

.....
Checked By

.....
Account Section

Name:

Name:

Remarks:

Admission: _____

Annual: _____

Monthly: _____

Others: _____

Reason: _____

Concerned Person: _____

Name: _____

Designation: _____

Signature of Principal