Get Started
application for freshmen admission
REGISTRATION/ENROLLMENT FORM

Student's Information:

**Full Name** (in Block letter) ________________________________

**Date of Birth** (YY/MM/DD) B.S. ____________________________

**Sex:** Male/Female

**Permanent Address:** ______________________________________

**Local Address:** __________________________________________

**Phone:** ________________________________________________

**E-mail:** ________________________________________________

Parents' Information:  

**Father**

**Name:** ________________________________

**Permanent Address:** ______________________________________

**Local Address:** __________________________________________

**Residence Telephone:** ________________________________

**Mobile:** ________________________________________________

**Organization (Work Place):** ____________________________

**Office Telephone:** ______________________________________

**Mother**

**Name:** ________________________________

**Permanent Address:** ______________________________________

**Local Address:** __________________________________________

**Residence Telephone:** ________________________________

**Mobile:** ________________________________________________

**Organization (Work Place):** ____________________________

**Office Telephone:** ______________________________________

Local Guardian's Information:

**Name:** ________________________________

**Local Address:** __________________________________________

**Residence Telephone:** ________________________________

**Mobile:** ________________________________________________

**E-mail:** ________________________________________________

**Organization (Work Place):** ____________________________

**Office Tel.:** ____________________________________________

**Relation:** _____________________________________________

Previous School's Information:

**School's Name:** ________________________________________

**Full Address:** __________________________________________

**Contact No:** ___________________________________________

**Principal/Headmaster's Name:** __________________________

**Principal/Headmaster's Contact No.:** _____________________

<table>
<thead>
<tr>
<th>Total</th>
<th>%</th>
<th>Division</th>
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Marks Obtained in the SLC/+2 Examination: ____________________________

Please tick the appropriate box if you need any following facilities:

- **Hostel:** Yes [ ] No [ ]
- **Bus:** Yes [ ] No [ ]

*Note: Availability of any above facilities is subject to the discretion/approval of the college management committee.*
How did you know about REHDON?

- From Teachers
- From Newspaper
- From TV
- From Exhibition and Seminar
- From friends or former students
- From parents or relatives
- If Others (Please Specify)

Do you have any allergy or you are under any medication? If yes, please give details.

Declaration:
The information provided above is true.

Date: ___________ Date: ___________

Student's Signature
Parent's/Guardian's Signature

Note: The college administration reserves the right to refuse admission as well as expel or suspend any students at his desecration.

For Office Use Only

Note: ___________
Date: ___________

Authorized Signatory
Counselor

Note: ___________
Date: ___________

Authorized Signatory
Principal
Please Choose Faculty, Shift & Subject from the options below:

### Science

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<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>Physics</td>
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</tr>
<tr>
<td>3</td>
<td>Chemistry</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
<td>Biology</td>
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</tr>
<tr>
<td>6</td>
<td>Computer Science</td>
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(Please Select only 1 subject from No. 5 and 6)

### Management

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<tr>
<td>3</td>
<td>Accountancy</td>
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<tr>
<td>4</td>
<td>Economics</td>
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<tr>
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<td>7</td>
<td>Hotel Management</td>
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<tr>
<td>8</td>
<td>Business Studies</td>
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(Please Select only 1 subject from No. 5, 6, 7, 8 and 9)

### Faculty

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<th>Morning Shift</th>
<th>Day Shift</th>
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