

Regd No.:



PHOTO

Bagbazar, Yeti Plaza (opp. To PK Campus) Kathmandu, Nepal, Tel.: 014242731, 014218240

REGISTRATION FORM

We are pleased that you have selected us as your representative to get admission in the below mentioned colleges/universities under self-financing/partial scholarship category. Please fill in the information required below:-

Courses applied for: _____ Intake: _____

Preferred Collage/University: _____

Name: _____

Father's Name: _____ Mother's Name: _____

Father's Occupation: _____ Date of Birth: _____

Permanent Address: _____

Temporary Address: _____

Contact No. (Landline): _____ Mobile: _____

Emergency Contact: _____ E-mail: _____

Examination Passed	School/College	Address	Marks Obtained	Passed Year

TOFEL/IELTS Scores:

GRE/GMAT/SAT Score:

TERMS & CONDITIONS

1. The selection of the candidate for the courses will be done at the discretion of the selection committee of the college/Universities.
2. Eligibility is subject to the minimum requirements stipulated by appropriate authorities.
3. I completely understand all the information as counseled by Greenwich and mentioned in the prospectus/leaflets and website etc. of the concerned college and university.
4. I am willing to take the admission at the preferred college/university.
5. I understand that if Greenwich fails to arrange the admission at the preferred college/university only 95% of the registration fee will be refunded and the rest 5% will be considered administration charges/expenses.
6. I understand that the registration/admission fee once paid is not refundable under any circumstances if I cancel my registration at any point of time.

DECLARATION

I hereby declare that the above information is true & correct to the best of my knowledge and belief. I understand that I am myself responsible for the authenticity and verification of the certificates/credentials submitted herewith for admission process.

Signature of Student

Date: _____

Signature of Parents

FOR OFFICE USE ONLY

Fees if applicable: _____ Faculty/Courses: _____
Remarks: _____ Processing Data: _____

Signature of Counselor