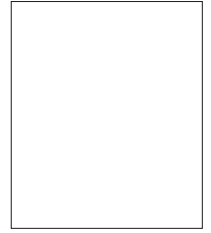




College of Applied Business



APPLICATION FOR ADMISSION

1. Course applied for: Plus Two BBS BIM BBA MBS

2. Student's Name: _____
Family First Middle

3. Date of Birth:
Day Month Year (BS) Day Month Year (AD)

4. Permanent Address: _____
Block, Ward No. District Phone No.

5. Local Address (if any): _____
Block, Ward No. District Phone No.

6. Father's Name: _____
Family First Middle

7. Occupation: _____ Office Telephone No: _____

8. Local Guardian's Name (if any): _____

Address: _____

Phone no: _____ E-mail: _____

9. Details of Previous Academic Records:

NAME OF THE SCHOOL	Exam Passed	Board	Year	Full Marks	Marks Obtained	Marks in Percent
SLC or Equivalent						
PCL or Equivalent						
Bachelor or Equivalent						

Certified Documentary Evidence of Academic Records Enclosed

Battisputali, Dhobikhola, Kathmandu
Tangal Durbar, Tangal, Kathmandu

Phone: 4470058

Phone: 4445763

e-mail: cab@wlink.com.np; Website: www.cab.edu.np

Cost of application form and admission test: Rs. 200.00 for Plus Two Rs. 300.00 for Bachelors and Masters Level to be paid at the time of admission test.

10. Hobby (if any): _____

11. Merits and Awards (if any): _____

12. Name of relative(s) who attended this college earlier (if any): _____

I here by declare that the information provided in this sheet to the best of my knowledge, is true and complete. I also understand that furnishing incorrect information or documentation or withholding of relevant information may lead to cancellation of the offer of enrollment at CAB.

I shall abide by the rules and regulations of the College.

Parent's / Guardian's Signature

Date: _____

Applicant's Signature

Date: _____