

College of Applied Business

^७ डी छुनु चर्द े	Gangahity, Chabahil, Kathmandu.			D				
Form No.				Passport Size Photo				
Application for								
Plus Two BBS	BIM	BBA	BScCSIT	Others				
Applicant's Name:								
First Name	Middle Name		Last	Name				
Sex: Male Female								
Date of Birth: Day Month	BS Year	Day	Month Y	AD				
Permanent Address:								
House No.: Street:	Distri	ct:	Wa	ard No.:				
Telephone No.:		Mobile No.:						
Email:								
Local / Temporary Address:								
House No.: Street:	Distri	ct:	Wa	ard No.:				
Hobbies:								
Merits and Awards (if any):								
Name of relative/s who attended	ed this college earlier	(if any):						

Parents Details Father's Name: First Name Middle Name Last Name Profession: If an employee Name of the office: Address: Telephone No: Permanent Address: House No.: Street: District: Ward No.: Telephone No.: Mobile No.: Email: Mother's Name: First Name Middle Name Last Name Profession: If an employee Name of the office: Permanent Address: House No.: Street: District: Ward No.: Telephone No.: Mobile No.: Email: Local Guardian: Relationship House No.: Street: District: Ward No.: Telephone No.: Mobile No.:

Person/s to notify (in case of emergency):

Financial Details					
Source of Income: Busine	ess	Salary	Farm	ning	Other
Estimated Annual Family Income:	Over Rs.	100,000	Over Rs. 20	0,000 Ove	er Rs. 300,000
Source of tuition fees: Busine	ess Sa	alary	Farming [Sponsorshi	p
In case of Sponsor					
Name:					
Address:					
Telephone No.:					
Academic Details					
School Name	Year of Passing	Full marks	Marks In	Aggregate	Division
			Maths		
			English		
Higher Secondary School Name	Year of Passing	Full marks	Marks In	Aggregate	Division
			Maths		
			English		
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How do you think, studying at CAB would / will help you to achieve your aim in life? (Write in about 250 words.)						
Are you under any prescribed medication? If yes, please specif	y (e.g. migraine, asthma, etc.)					
Do you need any special assistance? Please specify.						
Declaration						
I hereby 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.						
Signature of Guardian	Signature of Applicant					

Email: cab@cab.edu.np, Website: www.cab.edu.np