FAR WESTERN UNIVERSITY

Faculty of Science & Technology

4 years B. Sc. / B.Sc. CSIT Entrance Examination 207....

APPLICATION FORM

..... Department/Campus

Group : Physical / Environmental/ Microbiology / B.Sc. CSIT			
COMBINATION			

PHOTO

Entrance Exam Roll No.: .....

To,
The Campus Chief/ Department Head

..... Campus/ Department

Dear Sir,
I beg to submit this application form for my admission in 4 years B.Sc. / B.Sc. CSIT programs at your department/campus for the academic year 207...../..... and I hereby promise to abide by all the rules and regulations of this department /campus and Far western University.

Your's obediently,

Signature: .....

Name in Devanagari: .....

Name in English (in Block Letters)

First Name | Middle Name | Last Name

Date of Birth: B.S. ..... A.D. ..... Gender : Male/Female

Nationality.....

Permanent Address: Province ..... District ..... Rural Municipality/Municipality: ..... Ward No. ..... Block No. ..... Locality: .....

Temporary Address: Province ..... District ..... Rural Municipality /Municipality..... ..... Ward No. ..... Block No. ..... Locality .....

Father's Name:..... Occupation ..... Tel No/Mobile No. .....

Guardian's Name:..... Occupation ..... Relation: .....

Address: .....Tel No /Mobile No. .....

Examination Passed:

Level	Board or University	Passed Year	Full Marks/ Credit	Marks obtained/ Grade	Percentage/ GPA	Division/ GPA	Regd. No.	Higher secondary School/College
S.L.C / SEE								
I.Sc./+2/ A- Level/ Others								

I Hereby agree to any kind of action taken on my ward by the university and campus on the charge of violation of the rules and regulations of FU by my ward and I will have no objection whatsoever to that effect. Name of Guardian:	To the best of my knowledge the data supplied above by me are correct. I strictly obey the rules and regulations of FU and campus and agree to any kind of action taken against me for any kind of my fault. Name of Student: .....

For Official Purpose only	
Bank Voucher No. :	Date: .....
Reason if application is not approved :	
Checked by: Date:	Approved by: Date:

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ADMIT CARD

PHOTO

Entrance Exam Roll No. .....

Name: .....

Department / Campus: ..... Date: .....

Full Signature of Applicant

Department Head/ Campus Chief

STUDENTS MUST BRING THIS ADMIT CARD ON THE DAY OF EXAMINATION.