# ADMISSION FORM Form No.:

FOR OFFICE USE ONLY				
Interview Remarks:	A/C No.:			
LITTLE ANGELS' COLLEGE 10+2	Group: Biology Physical	ENCE		
Eligibility for Applying to Littel Angels' College: a) Passed the School Leaving Certificate Exam Ministry of Education, with at least 3.2 grade	nination (SLC) or an equivalent examination recognized by the $\square$			
<li>b) A minimun combined aggregate score of B+ and Science.</li>	grade in major subjects i.e. English,Compulsory Mathematics			
c) Optional Mathematics should be a subject ta	ken by the student at the SLC level.	APPLICANT'S PHOTOGRAPH		
Note: There may be variation/s in the eligibility criteria men Applicant should confirm the same from the college a applying for admission.	ntioned above from year to year. authorities before SHIFT Hostel Morning Day			
PERSONAL DETAILS				
1. Name of Applicant: (Use CAPITAL Letters) (First Name)	(Middle Name) (Family	Name)		
2. Gender: Male Female Other I	ck] 3. Nationality			
4. Date of Birth: A.D DD MM YYY DD	B.S MM YYY			
5. Place of Birth:				
Village/Municipality 6. a) Chronic Disease (If any):	District b) Blood group	Zone		
FAMILY DETAILS	b) Dioba group			
7. Father's Name:				
(First Name)	(Middle Name) (Family	Name)		
8. Mother's Name: (First Name)	(Middle Name) (Family	v Name)		
9. Occupation: a) Father's	b) Mother's			
10. Address: a) Residence	b) Father's/Mother's Office			
Tel:	Tel:			
Email:	Email:			
11. Local Guardian: (First Name)	(Middle Name) (Family	/ Name)		
12. Address: a) Residence	b) Office	( Name)		
Tel:	Tel:			
Email:	Email:			
COLLEGE 10+2 ENT	<b>DMIT CARD Biology Physical CARD APPLICATION NO.: A.</b>			
CENTRE OF ENTRANCE EXAMINATION	N:			
EXAM DATE:		APPLICANT'S PHOTOGRAPH		
Signature of Principal	DATE			

Hattiban, Lalitpur, Nepal T 5250123, 5250777 F 5250888 E info@lac.edu.np URL lac.edu.np

### EDUCATIONAL DETAILS \_\_\_\_\_

13. a) E	Board Passed:		b) Yea	ar:		
14. Sch	ool Last Attended:					
15. Sch	iool Address:					
Tele	ephone:		E	mail:		
16. SLC/Send-up Result: [Tick]			Grade Obtained			
	Subject		Send Up		SLC	
Co	mpulsory English					
Co	mpulsory Nepali					
Co	mpulsory Mathematics					
Co	mpulsory Science					
So	cial Studies					
En	vironment, Health & Population					
Ор	tional I					
Op	tional II					
	GPA					
17. Awa	ards/Scholarships won [if any]					
S.N	D. Type of Scholarship		Position/Rank		Award/Scholarship Won	
ADD	TIONAL DETAILS					
18. a) l	f admitted to School, would you	need Trans	sportation? YES NO	[Tick]		
b) l	f Yes, Mention Bus Stop:					
19. a) l	s your Brother/Sister presently	Studying/Ap	oplying in this College? YES	NO	[Tick]	
b) If	Yes, Provide Details:					

	Name of brother/sister presently studying/applying in Little Angels' Education Group	Program	Class/Level	College ID of brother/sister (in case already studying)
20.	How did you know about Little Angels' College? (Tick all that apply)			

	gazine Review Friend/Family Recommendation Website Newspaper
Others Please Specify:	

We do hereby declare that all the details provided above are true. In case any misinformation is found at any stage of the applicant's study, her/his registration may be cancelled and any action taken by the college in this regard will be accepted by us. We, also agree to abide by all existing rules and regulations of the college and those that may be framed from time to time.

Signature of the Applicant

Date

Signature of Father/Mother

Note: Character Certificate, photocopy of SLC/Send-up marksheet, two PP size photographs of the applicant have to be submitted along with this application. Submission of Application Form does not guarantee admission. Admission will be granted as per the policy of Little Angels' College.

#### EDUCATIONAL DETAILS \_\_ 13. a) Board Passed: ٦

I3. a) Board Passed:	b) Year:
I4. School Last Attended:	
15. School Address:	
Telephone:	Email:
16. SLC/Send-up Result: [Tick]	Grade Obtained
Subject S	Send Up SLC
Compulsory English	
Compulsory Nepali	
Compulsory Mathematics	
Compulsory Science	
Social Studies	
Environment, Health & Population	
Optional I	
Optional II	
GPA	
17. Awards/Scholarships won [if any]	

S.No.	Type of Scholarship	Position/Rank	Award/Scholarship Won

#### **ADDITIONAL DETAILS**

18. a) If admitted to School, would you need Transportation? YES		Fick]	
b) If Yes, Mention Bus Stop:			
19. a) Is your Brother/Sister presently Studying/Applying in this College?	YES	ΝΟ 🗌 [Τ	ick]
b) If Yes, Provide Details:			
Name of brother/sister presently studying/applying in Little Angels' Education Group	Program	Class/Level	College ID of brother/sister (in case already studying)
20. How did you know about Little Angels' College? (Tick all that apply)			
Radio Social Network Magazine Review Friend/Family	Recommendatio	on Website	Newspaper
Others Please Specify:			
We do hereby declare that all the details provided above are true. In case any mis	sinformation is found	d at any stage of th	ne applicant's study, her/his

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Signature of the Applicant

Date

Signature of Father/Mother

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### FOR OFFICE USE ONLY

Interview Remarks:	A/C No.:
LITTLE ANGELS' COLLEGE 10+2	MANAGEMENT
Eligibility for Applying to Littel Angels' College:	APPLICATION NO.:
<ul> <li>a) Passed the School Leaving Certificate Examination (SLC) or an Ministry of Education, with at least 2.8 grade point (B).</li> <li>b) A minimun combined aggregate score of B grade in major subje and English.</li> </ul>	
Note: There may be variation/s in the eligibility criteria mentioned above from ye Applicant should confirm the same from the college authorities before applying for admission.	ear to year.           SHIFT         Hostel           Morning         Day
PERSONAL DETAILS	
1. Name of Applicant: (Use CAPITAL Letters)	Middle Name)
(First Name) (I 2. Gender: Male Female Other [Tick]	Middle Name)     (Family Name)       3. Nationality
4. Date of Birth: A.D A.D B DD MM YYY DD MM YYY	.S
5. Place of Birth: Village/Municipality	District Zone
6. a) Chronic Disease (If any):	b) Blood group
FAMILY DETAILS	
7. Father's Name:	
(First Name) (N 8. Mother's Name:	liddle Name) (Family Name)
(First Name) (M	liddle Name) (Family Name)
9. Occupation: a) Father's	b) Mother's
10. Address: a) Residence	b) Father's/Mother's Office
Tel:	Tel:
Email:	Email:
11. Local Guardian:	
(First Name) (N	Aiddle Name) (Family Name)
12. Address: a) Residence	b) Office
Email:	Email:
LITTLE ANGELS'       ADMIT (         COLLEGE 10+2       NAME OF STUDENT:	AMINATION APPLICATION NO.: A
CENTRE OF ENTRANCE EXAMINATION:	
	RTING TIME: APPLICANT'S PHOTOGRAPH
Cignoture of Dringing	
Signature of Principal Hattiban, Lalitpur, Nepal T 5250123, 5250777 F 52	DATE250888 E info@lac.edu.np URL lac.edu.np