




COUNCIL FOR TECHNICAL EDUCATION AND VOCATIONAL TRAINING

OFFICE OF THE CONTROLLER OF EXAMINATIONS

SANOTHIMI, BHAKTAPUR

CLASSIFIED SCHOLARSHIP ENTRANCE APPLICATION FORM- 2081

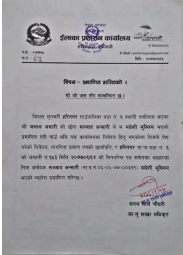
PERSONAL DETAILS

|                  |                                   |  |
|------------------|-----------------------------------|--|
| Application No:  | 001627                            | <div>Photo</div>  |
| Name of Student: | SAJJAD ANSARI                     |  |
| Gender:          | Male                              |  |
| DOB:             | 2058-10-24 B.S. (2002-02-06 A.D.) |  |
| Father's Name:   | JALAL ANSARI                      |  |
| Phone:           | 9817316003                        |  |
| Email:           | srabbani54321@gmail.com           |  |
| Religion:        | Islam                             |  |
| Caste Group:     | Muslim                            |  |
| Caste            | Ansari                            |  |

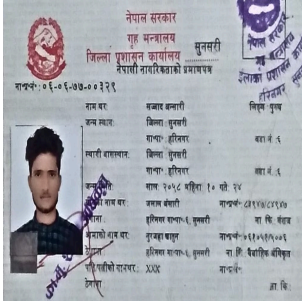
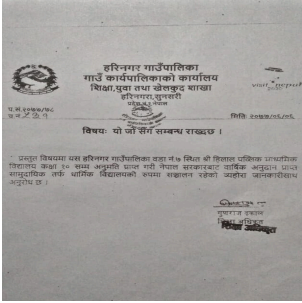
ADDRESS DETAILS

| Address   | Province       | District | Local Level | Tole    | Ward No. |
|-----------|----------------|----------|-------------|---------|----------|
| Permanent | Koshi Province | Sunsari  | Harinagara  | Ghuskee | 6        |
| Temporary |                |          |             |         |          |

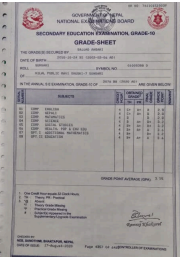
APPLICATION DETAILS

|                            |  |   |
|----------------------------|--|---|
| Desired Program Details:   | Level: DIPLOMA/PCL, Faculty: Health, Program: PHARMACY |   |
| Selected Quota             | Quota Name   | Quota Document  |
|                            | 1. Open  |   |
|                            | 2. Muslim  |  |
| Desired Province to Study: | Koshi Province   |   |
| Desired Exam Center:       | Sunsari  |   |

OTHER IMPORTANT DOCUMENTS

|   |   |
|---|---|
| Citizenship/Birth Certificate/ Equivalent Identity Document                       | Government/Community Recommendation Letter  |
|  |  |

EDUCATION QUALIFICATION

| Degree  | Institute         | Address       | Type of School | Passed Year | Symbol No. | Division           | Grade/Marks | Percentage | Certificate  | Admit Card |
|---------|-------------------|---------------|----------------|-------------|------------|--------------------|-------------|------------|--|------------|
| SEE/SLC | Hilal Public MaVi | Harinagara-07 | Community      | 2076        | 01008388D  | New Grading System | 3.15        | 74.8125    |  | N/A        |

DESIRED INSTITUTE

| Priority Order | Institute Name   |
|----------------|--|
| 1              | Birat Health College, Biratnagar, Morang                         |
| 2              | Biratnagar Model College, Biratnagar, Morang                     |
| 3              | Koshi Health Institute, Biratnagar, Morang                       |
| 4              | Shailaja Acharya Memorial Polytechnic, Siswani, Morang           |
| 5              | Nara Bahadur Karmacharya Polytechnic Institute, Itahari, Sunsari |
| 6              | Sunsari Technical College, Dharan, Sunsari                       |
| 7              | Mansarowar Institute of Science and Technology, Damak, Jhapa     |
| 8              | Uttarpani Polytechnic Institute, Uttarpani, Dhankuta             |
| 9              | Ratna Kumar Bantawa Polytechnic Institute , Ilam                 |

TERMS OF REFERENCE (कबुलियतना)

प्रा.शि. तथा व्या. ता. परिषद्प.नि.का.बाट जारी गरिएको डिप्लोमा तथा प्रमाणपत्र र प्रि-डिप्लोमा तहको प्रवेश परीक्षा सञ्चालन, छात्रवृत्ति वितरण एवं भर्ना सम्बन्धी निर्देशिका, २०८० बमोजिम प्रदान गरिने छात्रवृत्ति मैले प्राप्त गरेमा अध्ययन पश्चात्नेपाल सरकारले चाहेमा खटाएको स्थानमा गई तोकिएको समय सम्म सेवा गर्नेछु भनी यो कबुलियतनामा गरेको छु । शिक्षण संस्थाको नाम प्राथमिकीकरण गरेको संस्थामा योग्यताक्रमानुसार भर्नाको लागि सिफारिस हुन नसकेमा प.नि.का. ले सिफारिस गरेको सम्बन्धित प्रदेशको जुनसुकै शिक्षण संस्थामा गर्ई अध्ययन गर्न मञ्जुर छु, सो उपर कुनै उजुर बाजुर गर्ने छैन, गरेमा यसै कागज बमोजिम बदर गरेमा मेरो मञ्जुरी छ । यस आवेदन फाराममा भरेका सबै विवरणहरु तथा संलग्न कागजातहरु ठिक, साँचो हो झुठा ठहरिएमा प्रचलित कानून अनुसार कारवाही भएमा मेरो मञ्जुरी छ ।

निवेदक

|                        |                        |  |
|------------------------|------------------------|--|
| नाम, थर: SAJJAD ANSARI | मोवाइल नं.: 9817316003 | परीक्षार्थीको हस्ताक्षर:  |
|------------------------|------------------------|--|