

PASPORT
PHOTO



BH TECHNICAL COLLEGE

(PROVIDING EXCELLENCE IN THE AUTOMOTIVE INDUSTRY)

E-mail bhtechnicalcollege@gmail.com

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STUDENT APPLICATION FORM

1. STUDENT PERSONAL DATA (TO BE COMPLETED BY STUDENT)

Family Name..... First Name(s).....

Date of birth /...../...../...../ Gender-Male Female

Home address..... City.....

Nationality..... NRC.....

Email..... Cell No.....

2. WHICH COURSE DO YOU WANT TO STUDY?

-
-
-
-

FULL TIME. EVENING CLASSES

3. EDUCATION BACKGROUND

Name of school(s) attended

..... town/city..... year.....

..... town/city..... year.....

..... town/city..... year.....

4. PARENTS/GUARDIAN INFORMATION

FATHER'S NAME'S MOTHER'S NAME.....

FATHER'S MOBILE No:..... MOTHER'S MOBILE No:.....

ADDRESS CITY.....

EMAIL ADDRESS.....

MEDICAL INFORMATION

Indicate in the box below to whether or not you suffer from any medical disorder or allergy eg high or Low blood Pressure, Epilepsy etc

Yes No.

If yes please state the nature

.....
.....
.....

DECLARATION

I hereby declare that all the details given above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be force or untrue or misleading, I am aware that I may be held liable for it.

Date..... Applicant. Signature.....

FOR OFFICIAL USE ONLY

Recommended	Yes.	<input type="checkbox"/>	<input type="checkbox"/>
Receipt No.			
<input type="text"/>			
Comments.....			
Delegate person			
Name.....			
Signature.....			