arch & Education s	Student ID# :					
Persentation & Dignity. Of	READ Ca U <b>DENT REGI</b>			RM		
READ CAREER CENTRE Bharatpur, Chitwan	Bharatpur-9, Basanta Telephone: 98459					
STUDENT INFO	RMATION	(Complete	the followi	ng informa	ution clearly)	
Name:		Gender:	Male		Female	
Birth Date (MM/DD/Y	YYY):/	/	( <b>B.S</b> )	/	/ (AD)	
Father name:		-	Mother n	ame:		
Phone (home):		_	Phone (c	ell):		
<b>Emergency Contact:</b>		_	Email:			
Permanent Address:		County of Residence:				
District:	Municipality:		_Ward#:		Tole:	
<u>Current Address (if different from Above)</u>						
District:	Municipality:		_Ward#:		Tole:	
<b>Course Enrolled:</b>	IELTS	TOEFL		PTE		
(Mark Appropriate box)	JP language	French		Spanish		
	Other programs (Please specify)					

# **Academic Qualification**

Year	Name of Institute	Grade (%)
	Year	Year Name of Institute

### **Student Agreement:**

I agree to abide by all READ Career Centre rules/regulations/policies and procedures. I agree to pay READ Career Centre for Registration fee, Tutions fee and Processing fee. I also agree to pay any costs incurred during the course work if applicable.

### **Student Signature:**

Date:

### TO BE FILLED BY READ Career Centre

It is certified that the documents submitted by the student have been properly verified and the particulars furnished are accurate to the best of out knowledge.

### **Checked By:**

### **Managing Director:**

Date: .....

## Date: .....