KATHMANDU UNIVERSITY
SCHOOL OF MEDICAL SCIENCES

APPLICATION FORM
FOR
BDS PROGRAM

2015
KATHMANDU UNIVERSITY
SCHOOL OF MEDICAL SCIENCES

Application for the BDS Program 2015
(To be filled in by the applicant in block letters)

GENERAL INFORMATION
1. Name ____________________________________________________________
   surname first name other name(s)
2. Sex  ☐ male    ☐ female
3. Date of birth _______/_______/_______
   day month year (A.D.)
4. Place of birth ________________________________________________
   town/village district country
5. Name of  a) father ______________________________________________
b) mother _______________________________________________________
6. Name of guardian (if other than father) ____________________________
7. Relationship of guardian to applicant ______________________________
8. Address for correspondence _______________________________________
   ______________________________________________________________
9. Phone (R) __________________ Mob __________________ Email __________
10. Permanent address ______________________________________________
11. Citizenship ____________________________________________________

EDUCATION
12. List all schools and colleges/Universities attended
   Institution Address Date attended
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
13. Qualifying examination I.Sc. 10+2 or equivalent

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<thead>
<tr>
<th>Examination</th>
<th>Year</th>
<th>Subjects</th>
<th>letter grade</th>
<th>percentage</th>
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<tbody>
<tr>
<td>I.Sc</td>
<td></td>
<td>Physics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10+2</td>
<td></td>
<td>Chemistry</td>
<td></td>
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<tr>
<td>A Level</td>
<td></td>
<td>Biology</td>
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<td>PCB</td>
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PCB aggregate %  
Total aggregate %  

14. Have you taken courses at KU before?  Yes [ ]  No [x]
If yes, please indicate  (a) Course ____________ (b) Registration No. ____________

15. Declaration by applicant

I wish to apply for admission to the KU and affiliated Medical Colleges under KU. I declare that to the best of my knowledge and belief, the above particulars are true. I agree that registration of this application does not confer any right on me in respect of selection for admission, which was solely left to the discretion of the university and college. I have gone through the instructions for admission carefully, and I undertake to abide by all the conditions. I further agree, if admitted, to confirm to the rules and regulations at present in force or that may hereafter be made for the administration of the university and college. I undertake that so long as I am student of the college, I will not do anything unworthy of a student of the college of anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to take action, including expulsion for disinterest in studies, misbehaviour and frequent failure.

Applicant's signature ______________________  Date _____________________

16. Declaration by parent/guardian

I hereby declare that I am aware of the financial obligations of applying to and studying at the MBBS/BDS Program and I can afford and undertake to pay the tuition and other fees payable to the institution under its rules. I also affirm and endorse the declaration made above by my ward.

Signature of parent/guardian ______________________  Date ________________
Name of the Candidate …………………………………………………

**Entrance Test Details:**

- **Seat No.**: _________
- **Date**: 27 September 2015, Sunday
- **Time**: 10:00 AM onwards
- **Venue**: 

(N.B. Please bring this copy at the time of entrance test and submit to the invigilator.)

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Name of the Candidate …………………………………………………

**Entrance Test Details:**

- **Seat No.**: _________
- **Date**: 27 September 2015, Sunday
- **Time**: 10:00 AM onwards
- **Venue**: 

(N.B. Keep this copy safely. You will have to produce it during your interview at college.)