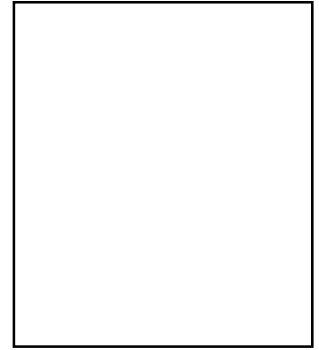




KATHMANDU UNIVERSITY

SCHOOL OF ARTS
DEPARTMENT OF MUSIC



Application Form

The HoD,
Department of Music, K.U.

Sir,

I hereby apply for registration in K. U. Department of Music. My particulars are as given below:

Name: _____

Date of Birth: _____

Nationality: _____

Address: _____

Telephone: _____ Email: _____

If foreign student, address in home country: _____

Name and address of parents: _____

Details of education (mention name of school/college and dates of certificates):

Musical experience/Training: _____

Reason for joining this course: _____

Subject: _____

Duration of Intended Study _____

Signed: _____

Date: _____