



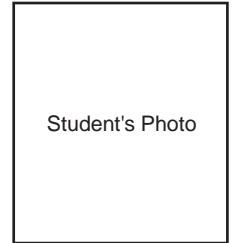
NATIONAL PRIVATE & BOARDING SCHOOLS' ASSOCIATION NEPAL

National PABSAN Examination Board S.E.E. Pre Board Examinations – 2078 B.S.

APPLICATION FORM

Symbol No. _____

To,
The Controller
Office of the Controller of Examinations
National PABSAN
Kathmandu

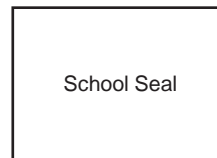


Principal's
Signature on Photo

Request of the participant to be registered for the S.E.E. Pre Board Examinations 2077 B.S. with the following particulars.

1. Student's Full Name (In Block Letter):		Boy		Girl	
2. Father's Name :					
3. Student's Date of Birth :		Year		Month	Day
		B.S.			
4. Name of the School:					
5. Address:		Tel:	Fax:	E-mail:	
6. Optional Subjects:		Optional 1 st : Mathematics <input type="checkbox"/> If any other _____			
		Optional 2 nd : Computer Science <input type="checkbox"/> Accountancy <input type="checkbox"/> If any other _____			

It is certified that the above mentioned particulars are true.



Student's Signature
Date: _____

Principal's Signature

District Co-ordinator's Signature



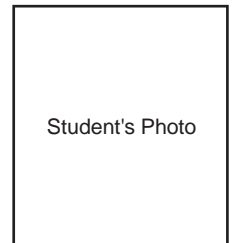
NATIONAL PRIVATE & BOARDING SCHOOLS' ASSOCIATION NEPAL

National PABSAN Examination Board S.E.E. Pre Board Examinations – 2078 B.S.

ADMIT CARD

Symbol No. _____

Student's Name (In Block Letters) : _____



Name of the School : _____

Principal's
Signature on Photo

Address of the School : _____

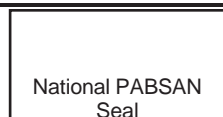
Students Date of Birth (B.S.)	Year			Month	Day

Subjects which are going to be appeared

S. N.	Compulsory Subjects	S. N.	Optional Subjects
1.	English	7.	Optional 1 st : Mathematics : _____ (If any other)
2.	Nepali		
3.	Mathematics		
4.	Science	8.	Optional 2 nd : Computer Science <input type="checkbox"/> Accountancy <input type="checkbox"/> _____ (If any other)
5.	Social Studies		
6.	Health, Environment & Population Education		

Student's Signature

Principal's Signature



Controller's Signature

REGISTRATION FORM

Name of the School : _____

No. of Students : _____

Contact Person : _____

Address : _____

City : _____

District : _____

Phone No. : Office: _____ Res. _____ Mobile No. _____

E-mail : _____

Subjects

No. of Students

Optional I a. Mathematics _____

b. _____

c. _____

Optional II a. Computer Science _____

b. Accountancy _____

c. _____

d. _____

School Seal

Date

Principal

