The Institute of Professional Excellence Pvt Ltd
Thapathali, Kathmandu-11, Nepal

Registration form

Please affix pp size photograph

Course Opted: "The Accountant"- Basic

Title (Please tick one): Mr [ ] Mrs [ ] Miss [ ]

Name: (IN CAPITAL LETTERS)

First Name Middle Name Last Name

Date of Birth: _____ _____
BS AD

Residential Address: _____

Telephone Number: Home _____ Office_____

Mobile no: _____ E-mail:_____

Educational Qualification: _____

Present Employer (If any):_____

Designation:_____ Work experience: _____Years

Timing Preference (Please tick one): Morning [ ] Day [ ] Evening [ ]

_____
Date: Signature of the Applicant

Please enclose the following documents:

- Copy of latest academic certificate
- Copy of Citizenship Certificate
- Two copies of PP Size Photograph

For Office use only

Mode of Payment: Cash [ ] Cheque [ ]

Cheque No: _____ Bank name: _____

Payment Amount: Rs_____ Receipt No: _____

Batch No: _____ Registration No: _____

Prepared by: _____ Verified by: _____