

Chaukot, Kavre

Email: kuhs@ku.edu.np
Post Box: 529 (Banepa)

Administration: 011-490561
Account Section: 011-490395

Student Profile				
Name:				
Class:	Sec:	Gender:		Current Photo
Date of Birth (A.D):		(Day/Mo:	nth/Year)	pp size
Date of Birth (B.S):		(Day/Mor	nth/Year)	
Hosteller	Day scl	nolar 🔙		
Blood Group:	House:		Bus Route:	
Name of Previous Scho	ol:			
Telephone No of Previo	us School:			
History of Past Illness:				
Number for SMS (Only (Please do not change	•		fy immediatel	y)
Father's Name:				
Occupation:				
Email ID:				
Expertise (if any):				
[If KU/DH family] Des	signation:			
Mother's Name:				
Occupation:		_ Mobile No: _		
Email ID:			_	
Expertise (if any):				
[If KU/DH family] Des	signation:			
Current Address:				
Contact No. (Home):			-	
Local Guardian (if any)	:		Phone No:	
Address:			_	
Parent's Signature				
Name:	•••••			