



NITS INSTITUTE

Nepalgunj, 10 –Sitalnagar ,Banke

Student Registration Form

"EDUCATE, INNOVATE, ELEVATE"

Applicant Full Name: _____

Date of Birth: _____

Gender (Male/Female/Other): _____

Permanent Address: _____

Temporary Address: _____

Phone Number: _____

Email Address: _____

Guardian's Name: _____

Guardian's Contact Number: _____

Academic Qualification: _____

Course Applying For: _____

Preferred Batch (Morning/Day/Evening): _____

Date of Application: _____

Applicant Signature

Authorized Signature