

Application Form for Accounting Technician Examination

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Photo Candidate
should affix
his/her specimen
signature on the
photo

To,
Accounting Technician Board

I request for permission to present myself at the Accounting Technician Course Examination to be held in..... . I declare that the facts and information given below are complete and correct. I also undertake to abide by regulations framed by the Accounting Technician Board for the guidance of candidates appearing in the Examination.

A. NAME (Mr./Ms.)

B. FATHER'S NAME

C. REGISTRATION NO.

D. DATE OF REGISTRATION

E. Medium of Exam (Language Opted): ENGLISH NEPALI

F. If appeared in previous examination quote the Roll No./Year/Month
1. _____ 3. _____

2. _____ 4. _____

G. If any Exemption in any paper(s) is (are) granted, quote: Roll No./Year/Month the subject and marks:

1. Roll No./Year/Month:	Subject:	Marks:
2. Roll No./Year/Month:	Subject:	Marks:
3. Roll No./Year/Month:	Subject:	Marks:

H. Subjects for Examination:

Paper 1.

Paper 2.

Paper 3.

Paper 4.

Fees Details:Paper @Rs.per paper = Rs.

*Examination Center:

I. WHETHER YOU WANT TO HAVE YOUR MARKSHEET SENT BY POST: YES/NO

(If yes, please fill up the postal address below)

NAME:

ADDRESS:

Applicant's Signature:

Date:

Contact No.:

*Minimum 10 applications are required to conduct the AT exam in Biratnagar, Pokhara, Birgunj and Butwal centre.

(To be filled by Board)

Receipt No:

Approved by:

Checked by: