

GOETHE ZENTRUM KATHMANDU

REGISTRATION FORM / START DEUTSCH 1

PHOTO

Details of the examinee.

Please fill the form in CAPITAL LETTERS !

01. SURNAME: _____

02. FIRST NAME: _____

03. DATE OF BIRTH: _____
(DD/MM/YYYY)

04. PLACE OF BIRTH: _____
(DISTRICT)

05. NATIONALITY: _____

06. MOTHER TONGUE: _____

07. TEL. NO. : _____

08. MOBILE NO.: _____

09. EMAIL ADDRESS: _____

10. ADDRESS: _____

11. PURPOSE: _____

12 EXAM DATE: _____

Note: I am aware of the exam-guidelines provided by the Goethe Institut and hereby agree to abide by the rules and regulations stated within www.goethe.de. / www.goethe-kathmandu.edu.np

SIGNATURE: _____

GOETHE ZENTRUM KATHMANDU

REGISTRATION FORM / START DEUTSCH 2

PHOTO

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01. SURNAME: _____
02. FIRST NAME: _____
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DD/MM/YYYY
04. PLACE OF BIRTH: _____
(DISTRICT)
05. NATIONALITY: _____
06. MOTHER TONGUE: _____
07. TEL. NO. : _____
08. MOBILE NO.: _____
09. EMAIL ADDRESS: _____
10. ADDRESS: _____
11. PURPOSE: _____
- 12 EXAM DATE: _____

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GOETHE ZENTRUM KATHMANDU

REGISTRATION FORM / GZ-B1

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