

GOETHE ZENTRUM KATHMANDU
REGISTRATION FORM / GZ-B2



Please fill the form in **CAPITAL LETTERS!**

Details of the examinee.

01. SURNAME: _____

02. FIRST NAME: _____

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

04. PLACE OF BIRTH: _____
(DISTRICT, COUNTRY)

05. NATIONALITY: _____

06. MOTHER TONGUE: _____

07. TEL. / MOBILE NO.: _____

08. EMAIL ADDRESS: _____

09. ADDRESS: _____

10. PURPOSE: AU-PAIR BACHELORS/ MASTERS STUDIENKOLLEG

 FAMILY REUNION For C1 OTHERS

11. EXAM DATE: _____

- Exam fees are not refundable.
- Original citizenship or passport must be with you at all times during the exam.
- 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: _____