

GOETHE ZENTRUM KATHMANDU
REGISTRATION FORM / START DEUTSCH 1



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

 FAMILY REUNION For A2 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 Institute and hereby agree to abide by the rules and regulations stated within www.goethe.de / www.goethe-kathmandu.edu.np.

SIGNATURE: _____