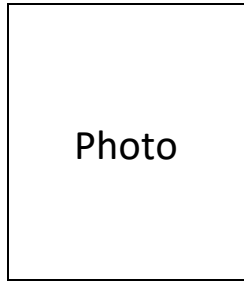


**GOETHE ZENTRUM KATHMANDU**  
**REGISTRATION FORM / START DEUTSCH 1**



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, NEPAL)
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.
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- 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](http://www.goethe.de) / [www.goethe-kathmandu.edu.np](http://www.goethe-kathmandu.edu.np).

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