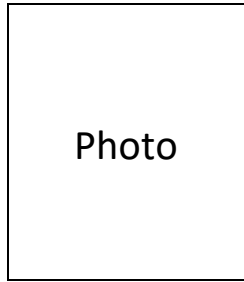


**GOETHE ZENTRUM KATHMANDU**  
**REGISTRATION FORM / GZ-A2**



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 B1       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](http://www.goethe.de) / [www.goethe-kathmandu.edu.np](http://www.goethe-kathmandu.edu.np).

SIGNATURE: \_\_\_\_\_