



BRIDGEWATER INTERNATIONAL COLLEGE

Sinamangal, Kathmandu | Phone No.: 01-4480069, 4481590
Email: admin@bridgewaternepal.com.np
Web: www.bridgewaternepal.com.np

Affix a passport
size photo

+2 Enrollment Form

Student Information

Name of the Student (in CAPITAL LETTERS)

Gender (Please tick) Male Female

Date of Birth BS AD

Permanent Address

Current Address

Contact No. E-mail

Parents Information

Father's Name Occupation

Mobile Res. No. E-mail

Mother's Name Occupation

Mobile Res. No. E-mail

Local Guardian

Relation Mobile Res. No.

School Information

Last Examination Passed Grade Point Average (GPA)

Passed Year

Name of School/Institution

School Address

District School Tel. No.

Interests

Sports (Specify)

Literature Music Leadership Social Work

Others

How did you come to know about Bridgewater?

Edu Fair College Website Seniors Media/Advertisement

Others (Specify)

SCIENCE			
Biology Group	<input type="checkbox"/>		Morning
Physical Group	<input type="checkbox"/>		Day
		Shift:	<input type="checkbox"/>

MANAGEMENT	
Shift: Morning <input type="checkbox"/>	Day <input type="checkbox"/>
Compulsory Subjects	
<input type="checkbox"/> Nepali	<input type="checkbox"/> Accountancy
<input type="checkbox"/> English	
<input type="checkbox"/> Economics	
Optional Subjects Tick <input checked="" type="checkbox"/> any one	
Computer Science	<input type="checkbox"/>
Hotel Management	<input type="checkbox"/>
Travel & Tourism	<input type="checkbox"/>
Business Studies	<input type="checkbox"/> or Mathematics <input type="checkbox"/>

HUMANITIES	
Shift: Morning	
Compulsory Subjects	
<input type="checkbox"/> English	<input type="checkbox"/> Nepali
Optional Subjects Tick <input checked="" type="checkbox"/> any three	
Sociology	<input type="checkbox"/>
Major English	<input type="checkbox"/>
Travel & Tourism	<input type="checkbox"/>
Hotel Management	<input type="checkbox"/>
Economics	<input type="checkbox"/>
Mass Communication	<input type="checkbox"/>
Rural Development	<input type="checkbox"/>

Do you need hostel facilities? Yes No

Do you want to apply for scholarship? Yes No

If yes, please fill up the scholarship form provided along with this form.

Do you need transportation facilities? Yes No

If yes, please draw a sketch map to show the pick-up point in the box provided below.

Name of Pick up Point	Specific well-known point/place
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I have read, understood and agreed to be abided by the **Terms and Conditions of Bridgewater International College**. I hereby declare that the information supplied herein is true and correct. I also agree to abide by the payment schedule of **Bridgewater**.

Name of Applicant/Student:	Name of Parent/Guardian:
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Contact No:	Contact No:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Residence:	Residence:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Mobile:	Mobile:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Signature	Signature
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date:	Date:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>



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Scholarship Form

Name of the Student (in CAPITAL LETTERS)

Father's Name

Mother's Name

Family Source of Income

Category of Scholarship Applied for: Merit Based

Need Based

Faculty Chosen

Science

Management

Humanities

Specify the reason(s) for applying for scholarship (not more than 100 words)

If necessary, you can use the space at the back of this page

Date

Signature of Applicant

Note: Students are requested to submit copies of mark-sheet, character certificate and other supporting documents for the scholarships.



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Entrance Exam Admit Card

Name (in CAPITAL LETTERS)

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Date of Birth

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 BS

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 AD

STREAM (Please tick)

SCIENCE

MANAGMENT

HUMANITIES

For Official Use Only (Please leave this box blank)

Entrance Symbol No.:

Gender (Please tick)

Male Female

Entrance Exam Date:

Exam Shift:
MORNING (8:30 – 10:30)
DAY 1 (11:00 – 01:00)
DAY 2 (01:30 – 03:30)



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Entrance Exam Admit Card

Name (in CAPITAL LETTERS)

First Name	Middle Name	Last Name
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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 BS

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 AD

STREAM (Please tick)

SCIENCE

MANAGMENT

HUMANITIES

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