

Fill up from Examination Section:

Council For Technical Education & Vocational Training

School of Health Science

Bharatpur-10, Chitwan, Nepal Application for Character Certificate

P.O. Box: 19

Phone: 977-56-520243 Fax: 977-56-524226

Website: www.sohs.edu.np
Email: info@sohs.edu.np

Ref.No: S.No.:	Academic Year:	Roll No.
To, The Principal, School of Health Science, Bharatpur, Chitwan, Nepal. Sir,		,
I humbly requested that character Certi	ificate be granted to me. The necess	ary fee Rs is
remitted and the particulars are given below:		,
Name: (in Block Letter)		
Father's Name:		
Full Address: (According to School certificate)		
Academic Period:		
From: To		
Faculties:		-
Passed Division: ()	
Year of Completion: ()		
CTEVT Regd. No.:		
Date of Birth: (According to School certificate)		
case of anim (According to School certificate)	Day Month Year	
Signature of Applicant		
Date:		
6	10	

Important:

- 1. The student, who likes to obtain the above certificate from the office in hand, should procedure with photocopy of Academic Transcript, SLC/TSLC Marks sheet, Certificate, Citizenship Card.
- 2. The certificate of student will not be given to any other person than the concerned student.
- 3. Clip resent a passport size Photo with this application.