REGISTRATION

Attach one recent passport photograph of yourself.

INTERNATIONAL NATURE EDUCATION AND EXPERIENCE

(FOR VISITING STUDENT)

Registration Form

**\****Please write clearly in Capital letters.*

SECTION A: PERSONAL

First Name: Family Name (Last Name / Surname):

Date of Birth: Sex: Male Female 

(*dd/mm/yyyy*) Others

Passport Number: Expiry Date: Nationality: (*Photocopy of your current passport to be enclosed*) (*dd/mm/yyyy*)

Address (For correspondence regarding this application)

Street:

City: State:

Country: Postcode: Telephone:

(*Countrycode+Number*) Mobile Phone: Email:

B. Please provide details of your Home University education in the space below **(if relevant).**

SECTION B: HOME

Name of Institution:

Address of Institution:

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Degree for which you are currently registered:

Faculty/Department:

Year of study at the time of application:

Signature: ............................................ Date: .......................................

**Contact details and Submission**

Submit the registration form to the Dean of Research and Industrial Linkage at dril.cnr@rub.edu.bt or Liaison Officer at twangmo.cnr@rub.edu.bt .

Phone: + 975 17768276

*For official use only*

Application number: ……………………… Date received: ………………………………