



# Nyingma Palyul Buddhist Secondary School

Kageshwori Manahara 14, Dhakalgaun, Sundarjal, Kathmandu  
 Phone: (+977) 981 302 3257 Email: [info@nyingma-palyul-nepal.com](mailto:info@nyingma-palyul-nepal.com)

## REGISTRATION FORM (PRIVATE RETREAT)

For Official Use Only:	
Date:	
Receipt No:	
Receipt Amount:	
Received & Updated by:	
Remarks:	
Applicant ID:	

Please attach  
one passport  
size photograph  
here.

### PART A : COURSE INFORMATION

Personal Private Retreat : Date _____ Duration _____ week/month
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### PART B: PARTICULARS OF APPLICANT (USE CAPITAL LETTER)

Name of Applicant (Underline family name) (*Mr/Ms/Mrs/Dr) *delete as appropriate			
Marital Status Single Others Married	Nationality	Date of birth (DD/MM/YY)	Gender Male Female
	Occupation		
Languages : Spoken:		Written:	
<u>Passport Particulars</u>			
Passport No.	Country of Issue	Issue Date	Expiry Date
<u>Correspondence Address</u>			
Block	Unit	Street	Building
City	State	Country	Postal Code
Tel No.	Fax No.	E-mail Address	
In the event of emergency, the Institute can contact:			
Name: _____		Relationship _____	
Telephone No: _____		Email Address: _____	
Mailing Address: _____			



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## PART C: BUDDHIST EDUCATION

Month/Year		Name/ Location	Name of Courses/ Studies
From	To		

## PART D : ACCOMODATION & MEALS

Arrival Date	Arrival Time	Departure Date	Departure Time

Room Type :     [    ] Single                    [    ] Double Shared                    [    ] Hostel

Heater is available only upon request and a small fee is payable to cover the cost of the electricity. If you need a heater in your room, please indicate below :

Heater Required : Date : From \_\_\_\_\_ to \_\_\_\_\_

Total No. of days                    : \_\_\_\_\_

Meals:     Yes    No    If yes, please indicate preference :    Vegetarian        Non-Vegetarian  
(Note : Vegetarian meal will be served as normal food in monastery)

Do you have any dietary restrictions?    \_\_\_\_Yes    \_\_\_\_ No  
If yes, please indicate : \_\_\_\_\_

(Note: We may not be able to accommodate special diets. Applicants may need to make own special meal arrangements)

## PART E : MEDICAL CONDITION

Please note that there are no resident doctors available at the Monastery. Applicants are advised to take proper medical precautions such as bringing their own medication etc. You may wish to provide extra information about your medical condition (e.g., any disability) so that the Institute may assist you wherever possible.

\_\_\_\_\_

## PART E : OTHERS

How did you get to know about this programme? (Please tick accordingly)			
Website	Recommendation by Friends	Socials	Others _____

## PART F : DECLARATION

I hereby apply for the course as indicated in this form. I declare that all information given is true and complete in every respect. I also agree to abide by the decision of the Monastery as to my eligibility for the course. If accepted, I agree to abide by the fee schedule and the rules set forth by the Monastery. I shall not hold the Monastery liable for any claims as a result of any mishaps, accidents, or losses occurring during my stay at the Institute.	
_____	_____
Signature of Applicant	Date