



6th National Astronomy Olympiad 2019 Nepal

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Application Form

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|----------------|--|--|--------|
| Name | | Date of Birth | |
| School/Address | | Class/Program <small>(NEB/CBSE/A-Level)</small> | |
| Email | | Mobile No. | |
| Parent Name | | Contact No. | |
| District | | Province No. | Gender |

Please kindly answer the following questions:

- How did you first find about Nepal Astronomical Olympiad (NAO)?
 Facebook Twitter Blog Website Newspaper Other
- Why do you want to participate in the 6th National Astronomy Olympiad 2019 (NAO2019)?

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Your Signature: **T-Shirt Size:** **Application Date:**

For Official Use Only

Symbol No: Exam Center: Received By:

Symbol No:

Name (in Bold Letter):

Parent/Guardian Name:

Contact No:Email:

Exam Date: **Exam Center:**

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