

ULLENS SCHOOL
A center of Excellence in Education

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NOMINATION FORM TO SERVE ATP (Action Team for Partnership) 2007

Please accept my nomination for the Member / Chairperson of ATP of Ullens School. I offer the following reason to endorse my selection for the above mentioned post.

Submitted by:

Name:.....

Address:.....

Parent of: (Please mention your child's name).....

Child's grade:.....

Home Address:.....

Contact phone:.....

Business address:.....

Profession/ Occupation:

Email:.....