

NO.	<b>BIO-DATA</b>			Doc No.		
<b>PERSONAL INFORMATION</b>						
<b>LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>NICK NAME</b>		
BOHARA ARCHANA						
<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	<b>BIRTH PLACE</b>		
1998/8/22		23	FEMALE	BAJURA, NEPAL		
<b>PRESENT ADDRESS</b>		IKHACHHEN-11, LALITPUR				<b>RELIGION</b>
<b>PROVINCIAL ADDRESS</b>		BAJURA, NEPAL				<b>HINDU</b>
<b>CONTACT NO.</b>			<b>SOCIAL MEDIA ACCOUNT</b>			
+977-015534152 / 9841188871			<b>EMAIL ADDRESS</b>	jleccnepal@gmail.com		
			<b>FACEBOOK ACCOUNT</b>			
<b>EDUCATIONAL BACKGROUND</b>				<b>NO. OF YEAR</b>	<b>YEAR/MONTH ATTENDED</b>	
JR HIGH SCHOOL	SHREE MALIKA HIGHER SECONDARY SCHOOL			10	2014/7	
SR HIGH SCHOOL	SHREE MALIKA HIGHER SECONDARY SCHOOL			2	2017/8	
<b>COLLEGE</b>						
<b>ARE YOU GRADUATED FORM COLLEGE?</b>			<b>NO</b>	<b>NO. OF YEAR</b>	<b>YEAR/MONTH ATTENDED</b>	
<b>GRADUATED (COURSE)</b>	()					
<b>VOCATIONAL/ ASSOCIATE (COURSE)</b>	()					
<b>UNDERGRADUATE(WITHDRAWAL) COURSE</b>	BAJURA CAMPUS (MANAGEMENT)			4	2018/9- RUNNING	
<b>MARITAL STATUS</b>		SINGLE				
		Do you have any plan to get Marry before going to Japan?			NO	
<b>FAMILY MEMBER</b>						
<b>NAME OF SPOUSE / LIVE-IN PARTNER</b>			<b>SPOUSE AGE</b>	<b>SPOUSE CONTACT NO.</b>	<b>SPOUSE OCCUPATION</b>	
1						
<b>CHILDREN</b>			<b>AGE</b>	<b>RELATION</b>	<b>LEVEL</b>	
2						
3						
4						
5						
6						
7						
<b>FAMILY MEMBER [FATHER, MOTHER, BROTHERS and SISTERS]</b>						
	<b>NAME</b>	<b>RELATION</b>	<b>AGE</b>	<b>CONTACT NO.</b>	<b>OCCUPATION</b>	
1	LATE HARKA BAHADUR BOHARA	FATHER				
2	MINA KUMARI BOHARA	MOTHER	54	9848648192	BUSINESS	
3	OMKAR BOHARA	ELDER BROTHER	26	9848662927	STUDENT	
4						
5						
6						
7						
8						
9						
10						

RESIDENCE TYPE	LIVING WITH PARENTS
----------------	---------------------

WORK EXPERIENCE			
NAME OF COMPANY	KIND OF JOB	COVERED PERIOD	YEARS
MEGA MART PVT. LTD	RETAIL	2020 MARCH - PRESENT	2+

PHYSICAL EXAMINATION					
HEIGHT	4.11INCH	SHOES SIZE	37cm	SHIRT SIZE	MEDIUM
WEIGHT	47KG	WAIST SIZE	28cm	RIGHT / LEFTHANDED	RIGHT
EYE GLASSES		EYE SIGHT RIGHT	6	BLOOD TYPE	O+
ACOLOR BLIND		EYE SIGHT LEFT	6	ALLERGIES	
TATTO	( SIZE & LOCATION:		cm	)	

MEDICAL HISTORY		YES	NO	MEDICAL HISTORY		YES	NO
1	TUBERCULOSIS in the Past		<input type="radio"/>	14	DENTAL PROBLEM		<input type="radio"/>
2	EYE PROBLEM (Pterygium, Cataract)		<input type="radio"/>	15	KIDNEY or BLADDER TROUBLE		<input type="radio"/>
3	SINUSITIS or NOSE/THROAT PROBLEM		<input type="radio"/>	16	SEXUALLY TRANSMITTED DISEASE		<input type="radio"/>
4	EAR PROBLEM or DEAFNESS		<input type="radio"/>	17	GENETIC or FAMILIAL DISORDER		<input type="radio"/>
5	ULCER or STOMACH PAIN		<input type="radio"/>	18	OPERATIONS		<input type="radio"/>
6	ASTHMA		<input type="radio"/>	19	FAINTING or SEIZURES		<input type="radio"/>
7	HIGH BLOOD PRESSURE		<input type="radio"/>	20	ANEMIC		<input type="radio"/>
8	DIABETES		<input type="radio"/>	21	INSOMIA		<input type="radio"/>
9	HEART PROBLEM		<input type="radio"/>	22	SEVERE HEADACHE or DIZZINESS		<input type="radio"/>
10	MENTAL DISORDER		<input type="radio"/>	23	PREVIOUS HOSPITALIZATION		<input type="radio"/>
11	ILLNESS or INJURY in the Past		<input type="radio"/>	24	PRESENT MEDICATIONS		<input type="radio"/>
12	HERNIA (Daniak)		<input type="radio"/>	25	Cervical Problem (Cesarian, Cyst)		<input type="radio"/>
13	RHEUMATISM, ARTHRITIS or BACK PAIN		<input type="radio"/>	26	Irregular menstruation		<input type="radio"/>

QUESTIONS		YES	NO	QUESTIONS		YES	NO	If YES, Pls Indicate
1	Do You Smoke?		<input type="radio"/>	4	Do You Drink Liquor?		<input type="radio"/>	
2	Have You Used Illegal Drugs?		<input type="radio"/>	5	Do You Have a Loan? How much?		<input type="radio"/>	
3	Can You Ride a Bicycle?		<input type="radio"/>	6	Do You Have a Drivers License?		<input type="radio"/>	
7	Have You Studied NIHONGO in School or Agency?					<input type="radio"/>		JLECC
8	Have You Applied to JAPAN as Trainee or any other visa like Tourist, Visit Relatives, Nurse, Care giving, commercial etc. What Visa?						<input type="radio"/>	
9	Have You Applied Another Agency or Country?						<input type="radio"/>	
10	Have You Ever Travelled or Work Abroad? Where?						<input type="radio"/>	
11	Do You Have a Family Member That Needs Medical Attention?						<input type="radio"/>	
12	Do you have any pending/on going/Resolve Criminal Cases?						<input type="radio"/>	
13	Are You Financially Capable If You Are Going to Study Japanese Lesson? Do You Have Savings?					<input type="radio"/>		
14	Do You Have a Parental / Spouse Consent?							
15	Do You Have Friends/Trainees or Relatives Living in Japan?							NO
16	Do You Have Friends or Relatives Accepted as a Technical Intern Trainee or Studying Japanese Language?							NO
17	How Much is Your Target Savings in Japan?							100000-120000
18	How Much Are You Expecting Salary in Japan?							180000
PASSPORT DATE ISSUED:				PASSPORT DATE EXPIRY:				

I HEREBY CERTIFY THAT THE ABOVE INFORMATION ARE TRUE and CORRECT.

Number of Interviews:

Date: 2022/5/16

Signature: