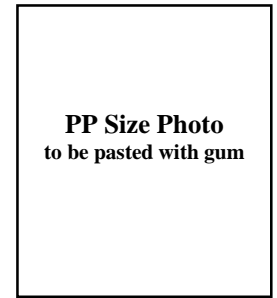




**TRIBHUVAN UNIVERSITY  
FACULTY OF MANAGEMENT  
OFFICE OF THE DEAN**

**CENTRAL MANAGEMENT ADMISSION TEST (CMAT)  
FOR BBA / BBM / BIM / BTTM / BHM PROGRAMME**

**TEST REQUEST FORM 2017**



CMAT Roll No. ....(to be filled by Campus)

Name (in English) .....

Name (in Devanagari) ..... Sex : .....

Permanent Address .....District: .....Zone: .....

Local Address  
(if different from permanent address) ..... Tel. No. ....

**EDUCATION RECORD:**

S. L. C.: Year ..... Board ..... Division ..... Percentage .....

P. C. L. / +2 Or Equivalent: Year ..... University / Board .....

Division ..... Percentage .....

T. U. / HSEB Regd. No. .... Name of the Campus .....

Signature of the Student ..... Date: .....

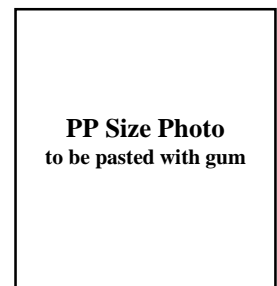
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**CENTRAL MANAGEMENT ADMISSION TEST (CMAT)  
FOR BBA / BBM / BIM / BTTM / BHM PROGRAMME**

**ADMISSION CARD - 2017**



CMAT Roll No. .... (to be filled by Campus)

Name (in English) .....

Test Center: .....

Test Date: ..... Time: .....

Signature of the Student ..... Signature of the Designated Authority .....