



TRIBHUVAN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

ADMISSION TEST
FOR MBM / MHM / MTTM PROGRAMME

TEST REQUEST FORM 2018

PP Size Photo
to be pasted with
gum

Admission Test Roll No.(to be filled by Campus)

Name (in English)

Name (in Devanagari) Sex :

Permanent Address

Local Address (if different from permanent address)

.....Tel. No.

Father's Name:..... Occupation:.....

Address:..... Tel. No.

EDUCATION RECORD:

Degree	Board or University	Passed Year	Roll No	Division	Percentage / CGPA	Specialization Area
S. L. C.						
10+2 or Equivalent						
Bachelor						

University Regd. No.

Signature of the Student

Date:



TRIBHUVAN UNIVERSITY
FACULTY OF MANAGEMENT
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ADMISSION TEST
FOR FOR MBM / MHM / MTTM PROGRAMME PROGRAMME

ADMISSION TICKET 2018

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gum

Admission Test Roll No. (to be filled by Campus)

Name (in English)

Test Center:

Test Date: Time:

Signature of the Student Signature of the Designated Authority