

Tribhuvan University  
Institute of Medicine  
**Examination Control Division**  
Maharajgunj, Kathmandu, Nepal.

Recent Passport size  
Photograph

**Examination Form**

Name of Campus and

Address: \_\_\_\_\_

Admission Year: \_\_\_\_\_

Exam Center: \_\_\_\_\_ Exam Roll No.

Academic Programme	Level	Year	Examination	
MN Child Health Nursing	Master	Second	Regular <input type="checkbox"/>	Partial <input type="checkbox"/> (Please tick)

**Personal Data:** (Please follow your previous academic certificate)

Full Name (BLOCK LETTER)	Surname	Middle name	First name
g]kfnL (Devanagari)			

Sex: Male  Female  Nationality: \_\_\_\_\_

Date of Birth (as in school certificate)	Day	Month	Year
	A D B S		

Father's Name: .....  
Mother's Name: .....

Permanent Address	VDC/Municipality, State	Country	Mobile#	Email
Current Address				

**Academic Records:**

T.U. Regd. No.

**Educational Background**

Title of Qualification	Address of Institute	Period	Roll	Percentage	Division

**Examination Papers:**

SECOND YEAR						
S.N.	All subjects are compulsory	Please write tick (✓) in which subject/s to be appear		Internal Asst. Marks	Final Marks	Marks obtain in Internal Asst.
		Code	Total Marks			
1.	Advanced Child Health Nursing II Th.	MN-9	100	20	80	
2.	Advanced Child Health Nursing II Pr.	MN-10	100	75	25	
3.	Thesis Writing & Viva Voce Pr.	MN-11	100	25	75	

**NOTE:** To be filled by the Campus Administration before sending the completed examination form to the Examination Control Division, Dean Office, IOM, Maharajgunj. Due – R Cleared R Not Cleared

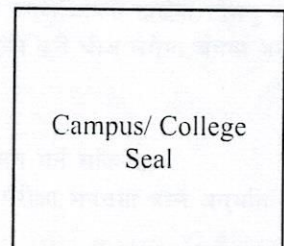
Attendance Percentage: \_\_\_\_\_

If the candidate has appeared in the same examination before, please mention below the year & Roll Number.

Year \_\_\_\_\_ Roll # \_\_\_\_\_

.....  
Full signature of the student  
Date: .....

Student's statements verified in campus/college by  
Name:- .....  
Signature: - .....  
Date:- .....



Signature of Campus Chief/Principal  
Date: .....