



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

Recent Passport size
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Examination Form

Name of Campus and

Address: _____

Admission Year: _____

Exam Center: _____ Exam Roll No. _____

Academic Programme	Level	Year	Examination	
MN Women Health Development (WHD)	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)	A	Day	Month	Year	Father's Name:	Mother's Name:
	D					
B						
S						

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 Women Health Development II Th.	MN-9	100	20	80	
2.	Advanced Women Health Development 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

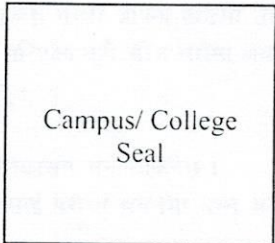
Attendance Percentage: _____

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: _____