



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

Recent Passport size  
Photograph

### Examination form

Name of Campus/College: Tribhuvan University, Institute of Medicine, Pokhara Nursing Campus

Address of Campus/College: Pokhara-12, Ramghat

Exam Roll No.

Exam Center: Pokhara

Academic Programme	Level	Phase	Year	Professional	Examination	
Advance Nursing I	Master		First	Nursing	Regular <input type="checkbox"/>	Partial <input type="checkbox"/>

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

Full Name (BLOCK LETTER)	Surname	Middle name	First name
नेपाली (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		
		From	Till					
<b>FIRST YEAR</b>								
S.N.	All Subjects are compulsory	<input type="checkbox"/> All Papers <input type="checkbox"/> Partial	Please write tick (✓) in which subject's to be appear			Internal Asst. Marks	Final Marks	Marks obtain in Internal Asst.
			Code		Total Marks			
1	Nursing theories and Models Th		I		50	10	40	
2	Epidemiology and Statistics Th		II		100	20	80	
3	Nursing Research Th		III		100	20	80	
4	Trends and Issues in Nursing Th		IV		50	10	40	
5	Advance Nursing I Th (WHD)		V		100	20	80	
6	Advance Nursing I Pr (WHD)		VI		100	75	25	
7	Educational Science		VII		50	10	40	
8	Health Service Management		VIII		50	10	40	

**NOTE: To be filled by the Campus Administration before sending the completed examination form to the Examination Control Division, Dean Office, IOM, Maharajgunj.**

Due -  Cleared  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 or Principal

Date: .....

