



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	
					Regular	Partial
Advance Paediatric Nursing I	Master		First	Nursing	<input type="checkbox"/>	<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				
FIRST YEAR							
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 Paediatric Nursing I Th (PN)		V	100	20	80	
6	Advance Paediatric Nursing I Pr (PN)		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

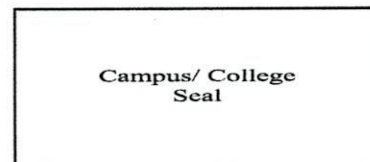
Date:

Student's statements verified in campus/college by

Name:-

Signature: -

Date:-



Signature of Campus Chief or Principal

Date: