

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 # _____

Year _____ Roll # _____

.....
Full signature of the student

Date:

Student's statements verified in campus/college by

Name:-

Signature: -

Date:-

Campus/ College
Seal

Signature of Campus Chief or Principal

Date:

Sl. No.	Subject	Grade	Remarks
1	Integrated Basic Health Sciences I		
2	Integrated Basic Health Sciences II		
3	Integrated Basic Health Sciences III		
4	Nursing Concepts and Principles I		
5	Adult Health Nursing I		
6	Adult Health Nursing II (Practical)		
7	Child Health Nursing I		
8	Child Health Nursing II (Practical)		
9	Geriatric Nursing I		
10	Geriatric Nursing II (Practical)		

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