TRIBHUVAN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

ADMISSION TEST
FOR MASTER OF BUSINESS MANAGEMENT (MBM) PROGRAMME

TEST REQUEST FORM 2014

MBMAT Roll No. …………………. (to be filled by Campus)
Name (in English) ………………………………………………………………………………………………………………………………………………………………………
Name (in Devanagari) …………………………………………….. Sex: ………………….
Permanent Address ……………………………………………………………………………………………………………………………………………………………………..
Local Address (if different from permanent address) ……………………………………………………………………………………………………………………………
……………………………………………………..Tel. No. ……………………………
Father's Name: ………………………………………………….. Occupation: ………………….
Address: ……………………………………………………………. Tel. No. ………………….

EDUCATION RECORD:

<table>
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<tr>
<th>Degree</th>
<th>Board or University</th>
<th>Passed Year</th>
<th>Roll No</th>
<th>Division</th>
<th>Percentage</th>
<th>Specialization Area</th>
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<td>10+2 or Equivalent</td>
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<td>Bachelor</td>
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University Regd. No. ………………………

Signature of the Student ……………………. Date: ………………….

TRIBHUVAN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

ADMISSION TEST
FOR MASTER OF BUSINESS MANAGEMENT (MBM) PROGRAMME

ADMISSION TICKET 2014

MBMAT Roll No. …………………. (to be filled by Campus)
Name (in English) ………………………………………………………………………………………………………………………………………………………………………
Test Center: ………………………………………………………………………………………………………………………………………………………………………
Test Date: ………………………………. Time: ………………….

Signature of the Student ……………………. Signature of the Designated Authority ………………….