



**TRIBHUVAN UNIVERSITY**  
**FACULTY OF MANAGEMENT**  
**OFFICE OF THE DEAN**

**ADMISSION TEST**  
**FOR MASTER OF BUSINESS MANAGEMENT (MBM) PROGRAMME**

**PP Size Photo**  
to be pasted with  
gum

**TEST REQUEST FORM 2017**

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:**

Degree	Board or University	Passed Year	Roll No	Division	Percentage	Specialization Area
S. L. C.						
10+2 or Equivalent						
Bachelor						

University Regd. No. ....

Signature of the Student .....

Date: .....



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**ADMISSION TICKET 2017**

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 .....