

TRIBHUVAN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

CENTRAL MANAGEMENT ADMISSION TEST (CMAT)
FOR MBS (SEMESTER) PROGRAMME

TEST REQUEST FORM 2017 (2073)

PP Size Photo
to be pasted with gum

CMAT Roll No.(to be filled by Campus)

Name of Campus / College / Department

Name (in English)

Name (in Devanagari) Sex :

Date of Birth:Permanent Address.....

Local Address

(if different from permanent address) Tel. No.

Specify the CATEGORY in which you are applying for:

Open: Madheshi: Female: Janajati: Handicapped: Dalit:

Specify if any other category:

EDUCATION RECORD:

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

University Regd. No.

Signature of the Student Date:

Form Sr. No:

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FOR MBS (SEMESTER) PROGRAMME

ADMISSION TICKET 2017 (2073)

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CMAT Roll No.(to be filled by Campus)

Name of Campus / College / Department

Name (in English)

CMAT Center:

CMAT Date: Time:

Signature of the Student Signature of the Designated Authority

