



Tribhuvan University
Institute of Medicine
Examination Control Division
Maharajgunj, Kathmandu, Nepal.

Recent Passport size
Photograph

Examination Form

Name of Campus/College: T.U.IOM, POKHARA NURSING CAMPUS

Address of Campus/College: POKHARA-12, RAMGHAT

Exam Roll No.

Exam Center: POKHARA

Academic Programme	Level	Phase	Year	Professional	Examination	
					Regular (Please tick)	Partial
NURSING	BNS	-	THIRD	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			

Examination Papers:

THIRD YEAR

S.N.	All Subjects are compulsory	Please write tick (v) in which subject/s to be appear			Internal Asst. Marks	Final Marks	Marks obtain in Internal Asst.
		Code		Total Marks			
1	Leadership & Management TH	XXIII	<input type="checkbox"/>	100	20	80	
2	Management (Practicum) Pr.	XXIV	<input type="checkbox"/>	100	75	25	
3	Research Applied To Nursing TH	XXV	<input type="checkbox"/>	100	20	80	
4	Research (Practicum) Pr.	XXVI	<input type="checkbox"/>	100	75	25	
5	Child Health Nursing II TH	XXVII	<input type="checkbox"/>	50	10	40	
6	Child Health Nursing II Pr.	XXVIII	<input type="checkbox"/>	100	50	50\	