



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
NURSING	BNS	-	THIRD	NURSING	Regular <input type="checkbox"/> (Please tick) Partial <input type="checkbox"/>

Personal Data: (Please follow your previous academic certificate)

Full Name (BLOCK LETTERS)	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 (✓) 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		100	20	80	
2	Management (Practicum) Pr.	XXIV		100	75	25	
3	Research Applied To Nursing TH	XXV		100	20	80	
4	Research (Practicum) Pr.	XXVI		100	75	25	
5	Community Health Nursing II TH	XXVII		50	10	40	
6	Community Health Nursing II Pr	XXVIII		100	50	50	