



TRIBHUVAN UNIVERSITY
FACULTY OF MANAGEMENT

JANAPRIYA MULTIPLE CAMPUS

Pokhara-8

MANAGEMENT ADMISSION TEST (MAT) FOR BMTM PROGRAMME

TEST REQUEST FORM-2077 (2020)

PP Size Photo
to be pasted
with gum

MAT Roll No:..... (to be filled by campus)

Name (in English):

Name (in Devanagari):..... **Sex**

Permanent Address:..... **District:** **Province:**.....

Local Address

(if different from permanent address):..... **Tel. No:**.....

EDUCATION RECORD:

S.L.C./SEE: Year: **Board:**..... **CGPA/Percentage:**..... **Remarks:**

P.C.L./+2 or Equivalent: Year **University/Board:**

Class 11 or Equivalent			Class 12 or Equivalent		
S.N.	Subject	Score/Grade/percentage	S.N.	Subject	Score/Grade/percentage
1			1		
2			2		
3			3		
4			4		
5			5		
Overall			Overall		
Overall CGPA/Percentage:.....			Division		

Signature of Student..... **Date**.....



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ADMISSION CARD-2020

PP Size Photo
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with gum

MAT Roll No:..... (to be filled by Campus)

Name (in English):.....

Test Center:.....

Test Date: **Time:**

Signature of Student..... **Signature of the designated authority:**