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MANAGEMENT ADMISSION TEST (MAT) FOR BMTM PROGRAMME

TEST REQUEST FORM-2018

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:.....Division/Grade:.....PCT/GPA:

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

Division/Grade:..... Percentage/GPA:.....

T.U./HSEB Regd. No: Name of Campus:

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

Name (in English):.....

Test Center:.....

Test Date: Time:

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