



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

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:

FIRST 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	Integrated Basic Health Sciences TH	I		100	20	80	
2	Integrated Basic Health Sciences TH	II		100	20	80	
3	Integrated Basic Health Sciences Pr.	III		100	75	25	
4	Nursing Concepts and Principles TH	IV		100	20	80	
5	Adult Health Nursing I TH	V		50	10	40	
6	Adult Health Nursing I (Practicum) Pr.	VI		50	37.5	12.5	
7	Child Health Nursing I TH	VII		50	10	40	
8	Child Health Nursing I (Practicum) Pr.)	VIII		50	37.5	12.5	
9	Geriatric Nursing TH	IX		50	10	40	
10	Geriatric Nursing (Practicum) Pr.	X		50	37.5	12.5	

NOTE: To be filled by the Campus Administration before sending the completed examination form to the Examination Control Division, Dean Office, IOM, Maharajgunj.

Due - Cleared Not Cleared

Attendance Percentage: _____

If the candidate has appeared in the same examination before, please mention below the year & Roll Number.

Year _____ Roll # _____

Year _____ Roll # _____

.....
Full signature of the student

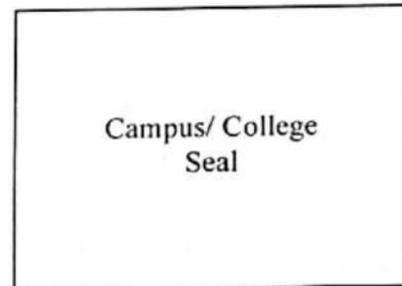
Date:

Student's statements verified in campus/college by

Name:-

Signature: -

Date:-



Signature of Campus Chief or Principal

Date: