

EXAM TYPE (Regular/BACK):

TRIBHUVAN UNIVERSITY
OFFICE OF THE CONTROLLER OF EXAMINATIONS
BALKHU, KATHMANDU, NEPAL
Application Form for the Examination of 20.....

3/ 4 Years BA Part: tick ☒**I / II / III / IV**

Photo

Name of the Campus: **RATNA RAJYALAXMI CAMPUS**

Name in Block Letters: _____ Admission Batch: _____

Full Name in Devanagari(नेपाली): _____ Class Roll No.: _____

T.U. Regd. No.:

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 Exam Centre: _____

Provisional Exam Roll No.: _____ Exam Year: _____

Nationality: _____ Date of Birth According to S.L.C.: _____

Father's Name: _____

Address- Province: _____ District: _____ Palika: _____

Mailing Address: _____ Village: _____ Ward No.: _____

Mobile No.: _____ Phone: _____ Email: _____

Examination Passed

Examination	Board/University	Passed Year	Roll No.	Division
S.L.C.				
Intermediate				
Bachelor				
Others				

Previous Exam Year: _____ Previous Exam Roll No.: _____

Major Subjects _____ Exam Type: **Please tick ☒ any one box.** ☐ Full ☐ Partial

S.N.	Major Subject	Sub. Code No.	Course Title	Th./Asst. /Pr.
1				Th.
				Asst.
2				
3				
4				
5				

I confirm that I have participated in all Internal Assessment activities conducted for every subject. I certify that the information provided by me is true and accurate, and I accept full responsibility for any errors or omissions.

Full Signature of Applicant: _____ Contact No. _____ Verified By: _____

Date: _____ Date: _____