



**TRIBHUVAN UNIVERSITY**  
**FACULTY OF MANAGEMENT**  
**OFFICE OF THE DEAN**

**CENTRAL MANAGEMENT ADMISSION TEST (CMAT)**  
**FOR BBA / BBM / BIM / BTTM / BHM PROGRAMME**

**TEST REQUEST FORM 2016**



CMAT Roll No. .... (to be filled by Campus)  
 Name (in English) .....  
 Name (in Devanagari) ..... Sex : .....  
 Permanent Address ..... District: ..... Zone: .....  
 Local Address  
 (if different from permanent address) ..... Tel. No. ....

**EDUCATION RECORD:**

S. L. C.: Year ..... Board ..... Division ..... Percentage .....  
 P. C. L. / +2 Or Equivalent: Year ..... University / Board .....  
 Division ..... Percentage .....  
 T. U. / HSEB Regd. No. .... Name of the Campus .....  
 Signature of the Student ..... Date: .....



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**ADMISSION CARD - 2016**



CMAT Roll No. .... (to be filled by Campus)  
 Name (in English) .....  
 Test Center: .....  
 Test Date: ..... Time: .....  
 Signature of the Student ..... Signature of the Designated Authority .....