TRIBHU VAN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

ADMISSION TEST
FOR MASTER OF HOSPITALITY MANAGEMENT (MHM) PROGRAMME

TEST REQUEST FORM 2015

MBMAT Roll No. ………………………. (to be filled by Campus)
Name (in English) ……………………………………………………………………………………………………………………………
Name (in Devanagari) …………………………………………………………… Sex: ………………….
Permanent Address ……………………………………………………………………………………………………………………………
Local Address (if different from permanent address) …………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………
Tel. No. ……………………………………………………………………………………………………………………………………..
Father’s Name: ……………………………………………………………………… Occupation: ………………………………
Address: …………………………………………………………………… Tel. No. …………………………………..

EDUCATION RECORD:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Board or University</th>
<th>Passed Year</th>
<th>Roll No</th>
<th>Division</th>
<th>Percentage</th>
<th>Specialization Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. L. C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10+2 or Equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

University Regd. No. ……………………………

Signature of the Student ……………………… Date: …………………

……………………………………………………………………………………………………………………………………………………

TRIBHU VAN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

ADMISSION TEST
FOR MASTER OF HOSPITALITY MANAGEMENT (MHM) PROGRAMME

ADMISSION TICKET 2015

MBMAT Roll No. ………………………. (to be filled by Campus)
Name (in English) ……………………………………………………………………………………………………………………………
Test Center: …………………………………………………………………………………………………………………………………
Test Date: …………………………… Time: ………………………

Signature of the Student ……………………… Signature of the Designated Authority …………………
TRIBHUVAUN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

ADMISSION TEST
FOR MASTER OF TRAVEL AND TOURISM MANAGEMENT (MTTM) PROGRAMME

TEST REQUEST FORM 2015

MBM Roll No. …………………..(to be filled by Campus)

Name (in English) …………………………………………………………………………………………………………..
Name (in Devanagari) ……………………………………………….. Sex : …………………

Permanent Address ………………………………………………………………………………………………………

Local Address (if different from permanent address) ……………………………………………………………

………………………………………………………………………………………………………………………………

Tel. No. ………………………

Father’s Name:…………………………………………………. Occupation:………………
Address:………………………………………………… Tel. No. ………………………

EDUCATION RECORD:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Board or University</th>
<th>Passed Year</th>
<th>Roll No</th>
<th>Division</th>
<th>Percentage</th>
<th>Specialization Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. L. C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10+2 or Equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

University Regd. No. ………………………………………

Signature of the Student …………………….. Date: …………………

…………………………………………………………………………………………………………………………

TRIBHUVAUN UNIVERSITY
FACULTY OF MANAGEMENT
OFFICE OF THE DEAN

ADMISSION TEST
FOR MASTER OF TRAVEL AND TOURISM MANAGEMENT (MTTM) PROGRAMME

ADMISSION TICKET 2015

MBM Roll No. ………………….. (to be filled by Campus)

Name (in English) …………………………………………………………………………………………………………..

Test Center: ……………………………………………………………………………………………………………

Test Date: ……………………………….. Time: …………………

Signature of the Student …………………….. Signature of the Designated Authority ……………………..