



**TRIBHUVAN UNIVERSITY
INSTITUTE OF MEDICINE
OFFICE OF THE DEAN
MAHARAJGUNJ**

Application Form in MBBS course for foreign Nationals

1. Surname middle name first name

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2. Sex: - M F

3. Date of birth: - Day Month Year

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4. Proof of citizenship / Passport No.:

5. Nationality: -

6. E-mail address:

7. Mailing Address: -

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| Email.....Tel.No /Fax No |
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8. Academic qualification: -

| Examination | Board/Institute | Year | Roll No. | Percentage |
|-----------------------------------|-----------------|------|----------|------------|
| Class 10 | | | | |
| 10+2 or I Sc or equivalence | | | | |

9. Name of the Guardian:

Occupation:

Address:

I will abide by the decision of the examination division Maharajgunj Campus, IOM, T.U.

Signature of Application