



PURBANCHAL UNIVERSITY

Biratnagar, Nepal

APPLICATION FORM FOR ENTRANCE EXAMINATIONS



No. **56506**

20

OPEN CATEGORY

LEVEL _____

FACULTY: _____

PROGRAM: _____

EXAMINATION CENTER

CAMPUS _____

ROLL NO.

(Not to be filled by candidate)

- Name of the candidate:
 - In English (Block Letters) _____
 - In Devanagari : _____

2. Father's Name: _____

Address: _____ Tel./Mob. No. _____

3. Date of Birth : (In B.S.) // (In A.D.) //

4. Permanent Address: _____ Tel./Mob. No. _____

5. Present Address: _____ Tel./Mob. No. _____

6. Local Guardian's Name: _____

Address: _____ Tel./Mob. No. _____

Educational Qualifications:

Exam Passed	Board/University	Year	Maj. Subjects	Division	Marks Percentage	Remarks
SLC						
Intermediate/ (10+2)/PCL						
Bachelor Level						

Any other information you wish to furnish _____

I hereby declare that the information given in this application form is true and agree to abide by the rules and regulations of the University.

Date: _____

Signature of Applicant



PURBANCHAL UNIVERSITY

Biratnagar, Nepal

ENTRANCE EXAMINATION : 20

ADMIT CARD

OPEN CATEGORY



No. **56506**

NAME OF THE CANDIDATE _____

LEVEL _____

FACULTY: _____

PROGRAM: _____

ROLL NO.

(Not to be filled by candidate)

CAMPUS _____

Authorised Signature of Purbanchal University