# POKHARA UNIVERSITY
# OFFICE OF THE CONTROLLER OF EXAMINATIONS
## MARKS FOIL

Course : .................................................................................................

Program : .......................................................... Code No. : .........................

Semester/Trimester/Year : ...................................... Level : .........................

Full Marks : ...................................... Year : .........................

Exam Center Code : ...................................... Pass Marks : .........................

| Code No. / Exam Roll No. | Marks in Figure | Marks in words | Code No. / Exam Roll No. | Marks in Figure | Marks in words |
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Pass : .................................. Failed : .........................

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Full Signature of Examiner

Name of the Examiner:

Mobile No.:

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Scrutinized by

Name of the Scrutinized

Mobile No.: