



POKHARA UNIVERSITY

Office of the Controller of Examinations

Form to be filled while Sealing the Answer Sheets Packages

We the undersigned, confirm that the answer sheets for the examination of the :

Course : Course Code :

Year/Part :

Program :

Faculty :

Examination Date :

Examination Center :

Was/were sealed in front of us on the date as shown below.

Name : Signature : Date

Name : Signature : Date

Name : Signature : Date

Name : Signature : Date

Name : Signature : Date

Observers :

Name : Signature : Date

Name : Signature : Date

Superintendent :

Name : Signature : Date

Note : This form must be signed by the superintendent or the person he/she has specifically authorized of the concerned examination center.