



POKHARA UNIVERSITY
Office of the Controller of Examinations
 Application Form
Semester/Trimester/yearly Examination



Exam Roll No. : Exam Center :
 Level : Program:.....
 Semester/Trimester/Year : Year :

Name	First Name	Middle Name	Last Name

P.U. Registration No.																			
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Name of the College :

For the appearance in the examination of following courses as per course registered.

Regular Courses

S.No.	Course Code	Course Title	Credit	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Re-registered Courses

S.No.	Course Code	Course Title	Credit	Remarks
1				
2				
3				
4				
5				
6				
7				
8				

Signature of the Student : Form checked and accepted by : Date :



POKHARA UNIVERSITY
Office of the Controller of Examinations
 Semester/Trimester/yearly Examination
Entrance Card



Exam Roll No. : Exam Center :

P.U. Registration No. :

Name of the Student :

Level : Program:.....

Semester/Trimester/Year : Year :

Name of the College :

For the appearance in the examination of following courses as per course registered.

Regular Courses

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Re-registered Courses

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Signature of the Student : Date :

