POKHARA UNIVERSITY
Office of the Controller of Examinations
Application Form

Semester/Trimester/yearly Examination

Passport Size Photo

Exam Roll No. : Exam Center : .....

Level : ..... Program: .....

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

	First Name	Middle Name	Last Name
Name			

P.U. Registration No.	

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 accpeted by : ..... Date : .....