

POKHARA UNIVERSITY

Office of the Controller of Examinations

Pokhara Metropolitan City-30, Kaski

	Date: _		2:		
Го					
The Controller of Ex	xamination				
Pokhara University,	Kaski.				
Subject: <u>Request for</u>	r the refund of rechecking.				
Dear Sir/Madam,					
was unsatisfied with	h my result and had submitted an appl	lication for the rec	checking of my answer		
ooks. The grade see	ems changed after the result of rechec	king. So I would	like to request for the		
efund of the rechecki	ing charge fees which I have paid as per	r the university rul	es and regulations.		
Applicant's Name :		Faculty :			
PU Reg. Number	Reg. Number : Exam Roll No. :				
College	: Pro	gram :			
Year	: Sen	nester :			
1. Details of the	e grade changed:				
S.N. Course Tit	le	Previous	Grade/Marks after		
		Grade/Marks	Rechecking result		
1					
2					
3					
4					
5					
6					
Applicant's Signatu	re:Conta	ct Number:	······		
	est you to deposit my refund in the	following bank o	details.		
	er's Name (In Block Letter):				
	ber:				
Signature:	Date :	For official	use only:		
Required Document					
	owing document along with this applica	tion.			
	ent Identity Card.				
2. Copy of Resu3. Copy of Bank	It sheet where the grade is changed.				
~ ~	Registration Card				