

POKHARA UNIVERSITY

Office of the Controller of Examinations

Pokhara Metropolitan City-30, Kaski

Applicant's Name :			Year	:		
Sem/Tri/Yearly :			Faculty	:		
PU Reg. No. :			Program	:		
Exam Roll No. :			College	:		
I would	l like to req	juest for Re-totali	ng/Rechecking	my answer bool	x(s) as mention	ed below.
S.N.	Course	Course Title		Previous	Rechecking	Re-totaling
	Code	Course Title	Grade/Marks	(<)	(<)	
1						
2						
3						
4						
5						
6						
Date:				Applicant's Signature:		
_			Recommenda			
•	•	particulars given by recommend fo	•			
Seal of the Institution Date				Signature of Institution Head		

Required Documents:

Please attach the following document along with this application.

- 1. Photocopy of result sheet.
- 2. Bank Voucher*.

^{*} Bank voucher means the voucher required from the Kamana Sewa Bikas Bank, Saving A/C 1200300027317000001 or Nepal Investment Bank Ltd., Saving A/C 01105020011938 after depositing Rs 500/- per course for re-totaling, Rs. 3000/- per course for rechecking, in the name of PU EXAM CONTROL OFFICE.