



अनुसूची ३
(नियम १२ को उपनियम(२) सँग सम्बन्धित)

POKHARA UNIVERSITY
Office of the Controller of Examinations
Student Registration Form

Auto Size
Photo

Registration Number																			
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Faculty Program

Name of the Student (In Block Letters)	Mr./Ms/Mrs.																		
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	First Name	Middle Name	Last Name
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देवनागरीमा	श्री/सुश्री/श्रीमती																		
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Date of Birth according to the secondary level certificate of equivalent	Year	Month	Date
In BS			
In AD			

Nationality Religion Ethnicity

Father's Name																			
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Mother's Name																			
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Mailing Address (Town/Village) Ward No.:

District Zone

Examination Passed

Examination	Board/ University	Year	Total Marks	Marks Obtained	Division	Roll No. or Symbol No.
Secondary Level or Equivalent						
Higher secondary Level or Equivalent						
Bachelor Level						
Others						

I declare that the particulars are correct. If found otherwise any action taken by the university will be acceptable to me. Attach verified photo-copies of necessary certificate in support of these particulars.

Student Signature

Date:

TO BE FILLED BY THE COLLEGE / CAMPUS

It is certified that the documents submitted by the student have been properly verified and the particulars furnished are accurate to the best of our knowledge.

Checked by

Name of Institute

Office Seal

Head of Institute

Date:

Date: