

अनुसूची - ६(ख) निर्देशिकाको दफा १८ (१) संग सम्बन्धित

KATHMANDU UNIVERSITY

OFFICE OF THE REGISTRAR

(Application form for Re-evaluation of answer books)

Name of the examinee _____

Address _____

School / College _____

Level _____

Batch _____

Registration number

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Examination Roll number

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S.No.	Subjects	Part	Mark secured	Remarks

Signature of the applicant

Date:

(for official use only)

Total amount paid Rs. _____

Receipt Number _____

Checked by _____

Date _____

Applicant's remarks

I am satisfied/not satisfied.

If not satisfied, mention the concrete reasons for dissatisfaction:

OFFICE OF THE REGISTRAR

(Application form for Re-evaluation of answer books)

Name of the examinee

Address

School / College

Batch

Applicant's signature

Date

Recommendation of the Re-evaluation Committee:

Registration number

Examination Roll number

S.No.	Subjects	Part	Mark secured	Remarks

Signature

Date

Decision of the Examination Board:

Signature of the Registrar

Date

(For official use only)

Total amount paid Rs.

Receipt Number

Checked by

Signature

Date