



Gandaki University

गण्डकी विश्वविद्यालय

Office of the Controller of Examinations

Form to be filled while Sealing the Answer Sheets Packages

We the undersigned, confirm that the answer sheets for the examination of the:

Course: Course Code:.....

Year/Semester:.....

Program:.....

Faculty:.....

Examination Date:.....

Examination Center:.....

was/were sealed in front of us on the date as shown below

Name : Signature : Date :

Name : Signature : Date :

Name : Signature : Date :

Name : Signature : Date :

Name : Signature : Date :

Observers:

Name : Signature : Date :

Name : Signature : Date :

Superintendent:

Name : Signature : Date :

Note: This form must be signed by the superintendent or the person he/she has specifically authorized of the concerned examination center.