



Gandaki University

गण्डकी विश्वविद्यालय

Office of the Controller of Examinations

SEMESTER EXAMINATION
Student Attendance Sheet

Date : Exam Center:

Year /Semester : Room No :

Level : Program :

No. of Students : Course Code:

Course:

S.N.	Roll No.	1 st Answer book No.	Number of additional Answer books	Name of student	signature

Number of Attendants..... Number of Absents students Total Students

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Signature of Invigilator Signature of Observer Signature of Asst. Superintendent Signature of Superintendent