Gandaki University
गण्डकी विश्वविद्यालय

Office of the Controller of Examinations
Gandaki Province, Pokhara

MARKS FOIL

Course Name: …...
Course Code: …... **Faculty:** …..
Level: ….. **Program:** …..
Semester: …....................... **Exam Center:**…..
Pass Marks: …....................... **Full Marks:** …..

S.N.	Code No/ Roll No	Marks (in Figure)	Marks in words	Code No/ Roll No	Marks (in Figure)	Marks in words	Remarks

Number of Pass Student….........

Number of fail Student….........

....
Signature of Examiner

....
Scrutinized by

Name of Examiner:…...
Mobile No.:…..

Name of the Scrutinizer:……......................................
Mobile No.:…..