Gandaki University
गण्डकी विश्वविद्यालय

Office of the Controller of Examination

Pokhara, Kaski

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

Number of pass students…….

…….

Signature of Examiner

Name of Examiner:

Mobile No.:

Number of failed students……

……

Scrutinized by

Name of the Scrutinized:

Mobile No.: