FAR WESTERN UNIVERSITY

OFFICE OF THE CONTROLLER OF EXAMINATIONS

MAHENDRANAGAR, KANCHANPUR, NEPAL

MARK-SLIP FOR PRACTICAL EXAMINATION

EXAMINATION YEAR :

FACULTY : **CAMPUS :**

LEVEL : **CENTER :**

PROGRAM : **FULL MARKS :**

YEAR/SEMESTER : **PASS MARKS :**

SUBJECT :

SN	Symol No	Regd. No.	Name of Students	Mark in Figure	Marks in Words
Remarks :			**Total Passed**		
			Total Failed		
			Total Absent		
			Total Student		

.....

Internal Examiner

Name :

Date :

.....

External Examiner

Name :

Date :