



अनुसुची - ३  
(नियम १२ को उपनियम (२) सँग सम्बन्धित)

**POKHARA UNIVERSITY**  
**OFFICE OF THE CONTROLLER OF EXAMINATIONS**  
**STUDENT REGISTRATION FORM**



Registration Number																				
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Faculty: Science & Technology Level: Bachelor Program: BECE

Name of the student (In Block Letters)		A	N	I	S	H	A			Y	O	G	I
देवनागरिमा	श्री / सुश्री / श्रीमति	अनिशा योगी											

Date of Birth according to the Secondary level of certificate or Equivalent	Year	Month	Date
In AD	2023	12	31
In BS	2080	9	15

Nationality: hindu Religion: hindu Ethnicity:

Father's Name	S	M	T	H			Y	O	G	I		
Mother's Name	S	O	M	O	N	E			Y	O	G	I

Mailing Address (Town/Village) : ktm Ward No. : 12  
District: ktm Zone : bag  
Examination Passed

Examination	Board/University	Year	Total Marks	Marks Obtained	Division	Roll No. or Symbol No.
Secondary Level or Equivalent	a bc	2020	4	3.7	DISTINCTION	67899
Higher Secondary Level or Equivalent	ad	2022	4	2.01	DISTINCTION	80323
Bachelor Level						
Others						

I declare that the particulars are correct. If found incorrect any action taken by the university will be acceptable will be to me. Attach verified photo-copies of necessary certificates in support of these particulars.

Signature of Student  
Date: 2023-12-31

**TO BE FILLED BY THE COLLEGE/CAMPUS/SCHOOL**

It is certified that the documents submitted by the student have been properly verified and the particulars furnished are accurate to the best of our knowledge.

Checked by Date: 2023-12-31	Name of Institute NCIT .....	Office Seal .....	Head of Institute Date: 2023-12-31
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