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

POKHARA UNIVERSITY

OFFICE OF THE CONTROLLER OF EXAMINATIONS

STUDENT REGISTRATION FORM

Registration Number																				

Faculty: Science & Technology Level: BACHELOR Program: BECE

Name of the student (In Block Letters)	MR	B	I	S	H	A	L			R	E	G	M	I
देवनगरिमा	श्री / सुश्री / श्रीमति	बिशाल रेग्मी												

Date of Birth according to the Secondary level of certificate or Equivalent	Year	Month	Date
In AD	2008	7	27
In BS	2065	04	13

Nationality: NEPALI Religion: HINDU Ethinicity: BRAHMIN

Father's Name	D	H	A	R	M	A			R	A	J			R	E	G	M	I
Mother's Name	H	E	M	A			R	E	G	M	I							

Mailing Address (Town/Village) : DHANGADHI Ward No. : 4
District: KAILALI
Examination Passed

Examination	Board/University	Year	Total Marks	Marks Obtained	Division	Roll No. or Symbol No.
Secondary Level or Equivalent	NATIONAL EXAMINATION BOARD	2079	3.45	A		07311223W
Higher Secondary Level or Equivalent	NATIONAL EXAMINATION BOARD	2082	3.70	A+		27102881
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: 2025-12-23

TO BE FILLED BY THE COLLEGE/CAMPUS/SCHOOL

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

Checked by
Date: 2025-12-23

Name of Institute
NCIT

Office Seal

Head of Institute
Date: 2025-12-23