अनुसूची - ३ (नियम १२ को उपनियम (२) सँग सम्बन्धित) POKHARA UNIVERSITY OFFICE OF THE CONTROLLER OF EXAMINATIONS STUDENT REGISTRATION FORM									PP Size Photo												
Registration Number																					
Faculty					Le\	/el						F	Progr	am							
Name of the Student (In Block Letters)	Mr/M	ls/Mrs																			
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Date of Birth according to the secondary level certificate of equivalent Year Month								Date													
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NationalityEthnicity																					
Father's Name																					
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Date:

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 out knowledge.

Checked by	Name of Institute	Office seal	Head of Institute
Date:			Date: