DATE: _____

FACULTY: B.SC.,B.TECH, BND, BIT, CSIT, M.SC

NAME: .....

CONTACT NO. .....

REG. NO. .....

SYMBOL NO.	PART/ SEM	R/P	EXAM YEAR

NOTE: विवरण बुझाएको भोलि पल्ट मार्कसिट पाउनुहुनेछ ।

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