

KATHMANDU UNIVERSITY

OFFICE OF THE REGISTRAR

(Application form for Retotaling of the Result)

Name of the examinee _____

Address _____

School/College _____ Level _____ Batch _____

Registration number

--	--	--	--	--	--	--	--

Examination Roll number

--	--	--	--	--

Cours No.	Course Title	Credits	Grade	Grade Points	Remarks

Signature of the applicant
Date :

(for official use only)

Total amount paid Rs. _____

Receipt Number _____

Checked by _____

Date _____