



**Council for Technical Education and Vocational Training**  
**Office of the Controller of Examination**  
**Bagmati Province Office**  
**Hetauda, Makwanpur**

**Final Practical Mark Sheet, 20.....**

**Name of Institute:**

**Address:**

**Course/Programme:**

**Subject:**

**Year/Part:**

**Regular/Back:**

**Full Marks:**

**Pass Marks:**

**Examination Date:**

S.N.	Reg. No.	Symbol No.	Name of Student	Obtained Marks	Marks in Figure	Remark
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

.....  
Signature of Internal Examination

Name:.....

Position:.....

Organization:.....

.....  
Signature of External Examination

Name:.....

Position:.....

Organization:.....