COUNCIL FOR TECHNICAL EDUCATION AND VOCATIONAL TRAINING

Office of the Controller of Examinations

EXAM SMASTIGAT SHEET

ACADEMIC YEAR 2075/2076

REGULAR

INSTITUTE NAME AND ADDRESS :-

TRADE AND DURATION :- ---------- 18 MONTH

MALE STUDENT NUMBER:- -------- FEMALE STUDENT NUMBER:---------- SCHLORSHIP STUDENT NUMBER:------

S.N	Reg. No	Symbol No.	Name Of Student	SUB - 1	T	P	SUB - 2	T	P	SUB - 3	T	P	SUB - 4	T	P	SUB - 5	T	P	SUB - 6	T	P	SUB - 7	T	P	SUB - 8	T	P	SUB - 9	T	P	SUB - 10	T	P	SUB - 11	T	P	SUB 12	T	P	OJT	PHOTO
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