

THE UNIVERSITY OF BURDWAN



Department of Controller of Examinations

Application Form for Post Publication Review of Answer Scripts of U. G. Examinations

[Please go through the general rules for review on the overleaf before filling up this form. Incomplete and faulty application is liable to be rejected. Properly filled-in application form (only one) along with requisite fees must be submitted to the college within the date(s) as per notification of this department]

1. Name of the Examination :
(Hons. Improvement repeat cases be stated clearly)
2. Roll & No. :
3. Registration No. with year :
4. Name of the Candidate (In block letters) :
5. Name of the Institution :
6. Review in which is prayed for and marks obtained :
(one photocopy of the marksheet attested by the Principal/Head of the said Institution/College/Department must be enclosed)

For Honours Subjects(s)		
Subject	Paper	Marks

For General Subjects(s)		
Subject	Paper	Marks

7. Amount of fees Deposited (Only by cash) :
8. Home address (in Block letters) :
9. Phone/Mobile No. (if any) :

Date.....

.....

Full signature of the candidate,
with Roll & No.

I certify that I have carefully examined the results of the aforesaid candidate. The application for Post Publication Review of answer-scripts in the subject stated above is recommended and forwarded following the general rules as stated on the overleaf for necessary action. One copy of his/her marksheet duly attested by me is also enclosed.

Date.....

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Head of the Institution with Office Seal

- N. B. : (i) Direct approach by the candidate will not be entertained.
(ii) Review rules overleaf.