

# 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.....

.....  
*Head of the Institution with Office Seal*

N. B. : *(i) Direct approach by the candidate will not be entertained.*

*(ii) Review rules overleaf.*