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 [

| Registration No. with year : Name of the Candidate (In block letters) : Name of the Institution : | | Examination emant repeat cases | s be stated clearly) | * 18 | | | | |
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| Name of the Candidate (In block letters) Name of the Institution 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) For General Subjects(s) Subject Paper Marks Subject Paper Marks Amount of fees Deposited (Only by cash) Home address (In Block letters) Phone/Mobile No. (If any) : 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 oblication Review of answer-scripts in the subject stated above is recommended and forwarded following the lateral rules as stated on the overleaf for necessary action. One copy of his/her marksheet duly attested by me also enclosed. Head of the Institution with Office Seal | . Roll & No. | | | : | | | | |
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