



MAHARAJA BIR BIKRAM UNIVERSITY

AGARTALA, TRIPURA, INDIA, PIN: 799004

APPLICATION FORM FOR REVIEW/ RE-CHECK OF MARKS OF UG

(All should be written in capital letters)

NAME OF THE STUDENT:

FATHER'S NAME:

MOTHER'S NAME:

REGISTRATION NO:.....

SEMESTER:.....

EXAMINATION ROLL NO:

COURSE NAME: B.A. GENERAL: B.SC. GENERAL: B.COM. GENERAL:

B.A. HONOURS: B.SC. HONOURS: B.COM. HONOURS:

NAME OF THE SUBJECT:

(For Honours Student only)

AADHAR NO.

DETAILS OF THE SUBJECTS CHOSEN FOR REVIEWING:

Sl. No.	Full Name of the Paper With Type (CC/DSC/AECC)	Total Marks obtained

I certify that the particulars made by me in this application form are correct and best of my knowledge.

Signature of the Candidate

Address: _____

Mobile: _____

For Office Use Only

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of the Head of the Institution
With seal