



# 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:

B.A. LLB 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:\_\_\_\_\_

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**For Office Use Only**

Date:

<input type="text"/>	<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



Student Copy

Maharaja Bir Bikram University  
Agartala, Tripura.

Form No: .....

Candidate's Name: .....

Father's Name:.....

Name of the Course Applied For:.....

No. of papers Applied for review.....

Address:.....

.....Pin:

UG Review of answer scripts Fee:  Rs.

(Rupees .....Only)

Mobile No:

Signature of the Candidate

(To be filled by the Office)

Challan No:

Deposit Date :

Stamp

Authorized Signatory



University Copy 1

Maharaja Bir Bikram University  
Agartala, Tripura.

Form No: .....

Candidate's Name: .....

Father's Name:.....

Name of the Course Applied For:.....

No. of papers Applied for review.....

Address:.....

.....Pin:

UG Review of answer scripts Fee:  Rs.

(Rupees .....Only)

Mobile No:

Signature of the Candidate

(To be filled by the Office)

Challan No:

Deposit Date :

Stamp

Authorized Signatory



University Copy 2

Maharaja Bir Bikram University  
Agartala, Tripura.

Form No: .....

Candidate's Name: .....

Father's Name:.....

Name of the Course Applied For:.....

No. of papers Applied for review.....

Address:.....

.....Pin:

UG Review of answer scripts Fee:  Rs.

(Rupees .....Only)

Mobile No:

Signature of the Candidate

(To be filled by the Office)

Challan No:

Deposit Date :

Stamp

Authorized Signatory