

# MAHARAJA BIR BIKRAM UNIVERSITY

AGARTALA, TRIPURA, INDIA, PIN: 799004



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

(All should be written in capital letters)

NAME OF THE STUDENT: .....

FATHER'S NAME: .....

MOTHER'S NAME:.....

REGISTRATIONNO:.....

SEMESTER:.....

EXAMINATION ROLL NO:.....

COURSE NAME: .....

### DETAILS OF THE SUBJECTS CHOSEN FOR REVIEWING:

Sl. No.	Full Name of the Paper	Paper Code	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 No.** \_\_\_\_\_

- **Xerox copy of Marksheet / Admit Card must be attached along with the submitted application by the student.**

**For Office Use Only**

Date:

**Signature of the Principal/ Head of the Institution**