



No.F.16(3)/MBBU/COE/PG/Correspondence/2017/ 5352-59

December 23, 2021

## NOTIFICATION

It is hereby notified for information of all eligible candidates of **M.A., and M.Sc. Third and Fourth Semester Supplementary Examinations, 2021;** and **BLISc and MLISc First and Second Semester Supplementary Examinations, 2021** that Examination Form fill-up for supplementary examinations shall be commenced from **December 27, 2021 to December 30, 2021**. The Examination Form can be downloaded from the Official Website of MBB University ([www.mbbuniversity.ac.in](http://www.mbbuniversity.ac.in)) and duly filled-in forms must be submitted to the Controller of Examinations Branch of the University physically after forwarding from HoDs/In-Charge of concerned Departments on or before **December 30, 2021**.

The HoDs / In-Charge are requested to circulate the information among the concerned eligible candidates.

*See 23.12.2021*

( J. P. Debbarma )  
Controller of Examinations

**Copy to:**

1. The P.A. to the Hon'ble Vice-Chancellor, MBB University, Agartala.
2. The P.A. to the Registrar, MBB University, Agartala.
3. The In-Charge, Deptt. of Mathematics, MBB University, Agartala.
4. The In-Charge, Deptt. of Political Science, MBB University, Agartala.
5. The In-Charge, Deptt. of English, MBB University, Agartala.
6. The In-Charge, Deptt. of Library and Information Science, MBB University, Agartala.
7. The Assistant Controller of Examinations, MBB University, Agartala
8. Notice Board, Academic Building, MBB University, Agartala.

*See 23.12.2021*

Controller of Examinations

Sl. No.:

Date:


**MAHARAJA BIR BIKRAM UNIVERSITY**

AGARTALA, TRIPURA, INDIA, PIN:799004

**Supplementary Examination Application Form**

Name of the Examination	Name of the Department
Supplementary Examination 2021	

Applied for the Course		Photo (To be pasted by the Candidate)
Name of the Candidate		
Applied For	Supplementary Examination <input type="checkbox"/>	
Semester		
Father's Name		
Mother's Name		
Gender	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Transgender: <input type="checkbox"/>	
Mobile No.		
e-mail		
Roll No.		

**Subjects/ Papers in which to appear:**

Sl. No.	Paper Code	Name of the Paper	Credit

Signature of the Candidate

**\*\* Candidate must submit previous Examination Marksheet (if any) along with the application form.**

**For Office Use Only**

 Date:     

 Signature of the HOD/In-Charge  
 With seal