



# MAHARAJA BIR BIKRAM UNIVERSITY

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No.F.16(46)/MBBU/COE/UG/BA-LLB-Correspondence/2021/ 216-20 May 05, 2022

## NOTIFICATION

It is hereby notified to all concerned that the Students appeared in the **B.A. LLB (Honours) Second, Fourth, Sixth & Eighth Semester Examination 2021** can apply for reviewing their answer script(s) in the prescribed format which must be downloaded from the official website of MBB University ([www.mbbuniversity.ac.in](http://www.mbbuniversity.ac.in)) and submitted in the Controller Branch of the University **w.e.f. May 06, 2022 to May 11, 2022** from **12:30 PM. to 04:00 PM.** The filled-in-forms must be endorsed by the Principal of Tripura Govt Law College, Agartala. The fee for reviewing per paper is **Rs.150/-** (Rupees One Hundred Fifty Only).

For the students registered in the academic year 2020-21 may apply for review of his/her answer script(s) in a maximum of 2 (two) papers [either 2 (Two) Honours or 2 (Two) General or 1 (One) Honours and 1 (One) General paper]. For review of Script(s) a candidate must have to secure a minimum Grade Point 3.0 in the paper(s) asked for review.

The Principal and other faculty members are requested to circulate the information among the students.

***Applications submitted after due date shall not be considered.***

**Encl:** Asstated above.

  
**( J.P. Debbarma )**  
Controller of Examinations

**Copy to:**

1. The PA to the Hon'ble Vice Chancellor, M.B.B. University, Agartala.
2. The PA to the Registrar, M.B.B. University, Agartala.
3. Principal, Tripura Govt. Law College, Agartala.
4. The Asstt. CoE, M.B.B. University with a request to upload the notification in the MBB University website.
5. Guard File of the office.

  
**( J.P. Debbarma )**  
Controller of Examinations

# MAHARAJA BIR BIKRAM UNIVERSITY

AGARTALA, TRIPURA, INDIA, PIN: 799004



## APPLICATION FORM FOR REVIEW/ RE-CHECK OF MARKS OF B.A. LLB (HONS) EXAM

(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: .....

### 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**