



MAHARAJA BIR BIKRAM UNIVERSITY

P.O.: Agartala College- 799 004

Dial : (0381) 251 2250, 251 2252, 251 2254

Email: mbbuniversityagt@gmail.com

No.F.16(79)/MBBU/COE/UG/Review/2023/ 734-39

June 16, 2025

NOTIFICATION

It is for all concerned that the Students appeared in the **B.A., B.Sc., B.Com. (Honours & General) Fifth Semester Examination 2024 (CBCS)**, can apply for reviewing their answer scripts(s) in the prescribed format which must be downloaded from the official website of MBB University (www.mbbuniversity.ac.in) and submit in the examination branch of the university **w.e.f. 17th June to 21st June, 2025** from **12:00 PM to 3:00 PM**. The filled -in-forms must be endorsed by the Principal/HOD/In-charge of respective college department. The fee for reviewing per paper is **Rs. 150/-** (Rupees One Hundred Fifty Only).

For the students registered in the academic year 2020-21 and onwards 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) for which he/she applied for review.

The Principal / HOD/ In-charge/ Coordinator of department and other faculty members are requested to circulate the information among the students.

Applications submitted after due date shall not be considered.

Enclo: As stated above.

16.6.2025
(J.P. Debbarma)
Controller of Examinations

Copy to:

- 1. The PA to the Hon'ble Vice Chancellor, M.B.B. University, Agartala.*
- 2. The P.A. to the Registrar, MBB University, Agartala.*
- 3. The Principal, MBB College, Agartala.*
- 4. The Principal, BBM College, Agartala.*
- 5. The Assistant Controller of Examinations, MBB University, Agartala, with a request to upload the notification in the MBB University, website.*
- 6. The Guard file.*

16.6.2025
Controller of Examinations



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	Semester	Regular / Back	Theory	Total Grade Point (G.P)	SGPA (If any)	CGPA (If any)

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

- Copy of Marksheet and Registration Certificate must be attached along with the submitted application by the student.

Signature of the Candidate

Address:.....

Mobile No:.....

For Office Use Only

Date:

Signature of the Principal/ Head of the Institution/In-Charge of respective Department