



# MAHARAJA BIR BIKRAM UNIVERSITY

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No.F.16(79)/MBBU/COE/UG/Review/2023/ 2689-98

October 13, 2025

## NOTIFICATION

It is hereby notified to all concerned that the Students appeared in the **IMD in Chemistry and Commerce Sixth (6<sup>th</sup>), Eight (8<sup>th</sup>) & Tenth (10<sup>th</sup>) Semester (Regular) examinations, 2025 including Back Paper Examination of IMD in Chemistry Eight (8<sup>th</sup>) Semester and IMD in Commerce Fourth (4<sup>th</sup>) semester**, 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. October 15, 2025 to October 17, 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). Each applicant is to deposit review fee through **QR Code** at the Examination Branch of MBB University and the copy of the transaction slip/receipt must be attached to the prescribed application form.

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) asked for review.

The Principal / HOD/ In-charge 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.

*Recd  
13/10/2025*

**( J.P. Debbarma )**

Controller of Examinations

### **Copy to:**

1. The PA to the Hon'ble Vice Chancellor, M.B.B. University, Agartala.
2. The Registrar, M.B.B. University, Agartala.
3. Principal, MBB College, Agartala.
4. Principal, BBM College, Agartala.
5. The Course-Co-ordinator, IMD, MBB University, Agartala.
6. The HoD, Department of Chemistry, MBB College, Agartala.
7. The HoD, Department of Commerce, BBM College, Agartala.
8. The Asstt. CoE, M.B.B. University with a request to upload the notification in the MBB University website.
9. Notice Board: Administrative Building, MBB University.
10. Guard File of the office.

*Recd  
13/10/2025*

Controller of Examinations



# MAHARAJA BIR BIKRAM UNIVERSITY

AGARTALA, TRIPURA, INDIA, PIN: 799004

## APPLICATION FORM FOR REVIEW/ RE-CHECK OF MARKS (CBCS)

(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:.....

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For Office Use Only

Date:

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