



VIDYASAGAR UNIVERSITY

MIDNAPORE - 721 102

APPLICATION FORM FOR THE POST PUBLICATION RE-EXAMINATION OF ANSWER PAPER/S
(Both Undergraduate & Postgraduate)

Name of Exam. Centre : _____

To,
The Controller of Examinations,
Vidyasagar University
Midnapore.

Sir
I beg to apply for re-examination of the following paper/s
..... in which I appeared at the Examination
20 held in 20 as per University Rules.

The prescribed fee of Rs. is submitted herewith through cash challan no.
dated An attested copy of the mark-sheet of the concerned examination is also attached herewith. The

Particulars are :

1. Name in full
2. Name of the Examination with year
3. (a) Roll (b) Number
4. Paper/s to be re-examined : (i)
(Special Papers, if any, should (ii)
be clearly indicated) (iii)
(iv)

- N.B. : 1. For review rules, office of the Controller of Exams. may be consulted.
2. Fees deposited once, will not be refunded.

Date : _____ Signature of the candidate
Address : _____

Memo No. _____

As per review rules of the University his/her case is valid and forwarded to the Controller of Examinations for necessary action.

Date : _____ Signature of the Principal/
Head of the P.G. Deptt. / Director DDE

Seal: _____

FOR OFFICE USE OF CONTROLLERS DEPTT. ONLY

Subject: _____	Paper: _____	Remarks: Eligible / Not Eligible
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Office Asstt.

Office Suptd.

Controller of Exams

APPLICATION FOR PHOTOCOPY OF EVALUATED ANSWER SCRIPT(S) FOR SELF INSPECTION

To
 The Controller of Examinations
 Vidyasagar University
 Midnapore-721102

Respected Sir,

I would like to obtain photocopy/photocopies of _____number(s) of answer script(s) for the purpose of my self-inspection only for which I am furnishing my particulars as hereunder and remitting Rs (Rupees _____only) herewith:

a. Name (in Block Letter) :.....

b. Mobile number(10 Digit) :

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c. Name of the Examination and Year :.....

d. Roll :..... Number :.....

e. Subjects and Paper number(s) for which photocopy is sought for self-inspection.
 (Subjects and Paper(s) to be written in **abbreviated** form as shown in the marks sheet)

 (Photocopy of marks sheet shall have to be attached)

f. Subjects and papers sought for review of answer scripts under the relevant Regulation of the University

g. Subjects and papers sought for both review and self inspection

Declaration

I declare that the statements given above are true and that if any of the statements is found to be false, my application shall be liable to be rejected by the University without any intimation to me and further that I shall not claim for refund of the fees remitted.

Full Signature of the Examinee with date

 Counter signature of The Principal /The Teacher-in-Charge

_____College/Mahavidyalaya

 Counter signature of The HOD, Vidyasagar University

To
 The Controller of Examinations.
 Vidyasagar University,
 Midnapore-721102,

Sir,

I do hereby forward _____ number of application forms submitted by the examinees who appeared _____ Examinations 20__ and seeking photocopy / photocopies of evaluated answer script(s) for the purpose of self-inspection only with requisite fees through DD, bearing number _____ dated _____ for Rs (Rupees _____ only) drawn on _____ in favour of Vidyasagar University payable at Midnpore.

The particular of the examinees category-wise and roll no wise are stated below:

Sl. No	Category (BA/B Sc/B.Com) (MA/M Sc/M.Com)	Roll	NO.	Subject	Paper(s)	Amount of fees remitted
TOTAL						

The Principal /The Teacher-in-Charge _____ : _____
Head, PG Department, Vidyasagar University _____ : _____

(With official seal and photocopy of mark sheet)

OBSERVATION BY THE STUDENT AFTER SELF INSPECTION OF THE EVALUATED ANSWER SCRIPTS
 [All the observation to be submitted together to the controller of examinations within 10 days]

To
 The Controller of Examinations.
 Vidyasagar University,
 Midnapore-721102,

Respected Sir,
 I have inspected answer script of _____ examinations in
 _____(subject) and paper _____thoroughly and after inspection I would like
 to submit the following observation /findings

Question Number	OBSERVATION			Remarks of the University Authority
	Please tick(√) the appropriate boxes of column			
	Mistake in Grand total	Mistake in Question wise total	Non-evaluated answer	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would therefore request you to kindly consider my observation and oblige.
 Yours obediently,

 Signature of the Student with Date

Name :.....

Roll :..... No :.....

Mobile No :

Verified by HOD of the concerned college :.....

Forwarded by

The Principal /The Teacher-in-Charge :.....

Head, PG Department, Vidyasagar University :.....

(With official seal and photocopy of mark sheet)