

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(4)/MBBU/COE/UG Correspondence/Vol-V/2021/2275- September 09, 2024

NOTIFICATION

It is hereby notified to all concerned that the Students appeared in the **Undergraduate First Semester Examinations**, 2023 under NEP-2020 can apply for reviewing their answer script(s) in the prescribed format which must be downloaded from the official website of MBB University (https://mbbuniversity.ac.in/) and submitted in the Controller Branch of the University w.e.f. September 17, 2024 to September 21, 2024 from 12:30 PM. to 04:00 PM. The filled-in-forms must be endorsed by the Principal of concerned college. The fee for reviewing per paper is Rs.150/- (Rupees One Hundred Fifty Only).

For the students registered in the academic year 2023-24 under NEP-2020 can apply for review of his/her answer script(s) of the Theory Examinations in a maximum of 2 (two) papers. For review of Script(s) a candidate must have to secure a minimum Grade Point 3.0 in the paper(s) and also obtained 40% marks in Internal Assessment(s) and also Practical Examination(s) (if any) 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.

Enclo: 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. The Principal, MBB College, Agartala.
- 4. The Principal, BBM College, Agartala.
- 5. The Asstt. CoE, M.B.B. University with a request to upload the notification in the MBB University website.
- 6. Guard File of the office.



MAHARAJA BIR BIKRAM UNIVERSITY

AGARTALA, TRIPURA, INDIA, PIN: 799004

APPLICATION FORM FOR REVIEW/ RE-CHECK OF MARKS OF UG FIRST SEM. EXAM. UNDER NEP-2020

(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:

• Xerox copy of Marksheet / Admit Card must be attached along with the submitted application by the student.

* Mobile No._____

For Office Use Only

Date:

Signature of the Principal/ Head of the Institution
