Serial No. : ....   Price Rupees Five only

UNIVERSITY OF CALCUTTA
Application Form for Post-Publication Re-Examination of Answer Papers of
Post-Graduate and Other Miscellaneous Examinations

1. Challan No : _____   Amount: _____
   Counter No : _____   Date : _____
2. Examination Name: _____
   _____ Year _____ Held in _____

[Applicable item should be ticked (✓)]

3.

Course					
B.A.		M.V.A.		MLIS	
B.Ed.		M.A.		M.Mus	
B.FAD.		M.A./M.Sc.		M.P.Ed.	
B.P.Ed.		M.B.A.		MPSM	
B.Tech.		M.B.M.		M.Phil.	
BBA		MCA		M.Sc.	
BFA		M.COM.		M.Tech.	
BLIS		M.Ed.		P.G. Dip.	
B.Mus.		MHRM		LL.M.	
B.V.A.		MHROM		Diploma	

Course Details								
One Year Course	Annual Part		Semester					
	Part I	Part II	Sem I	Sem II	Sem III	Sem IV	Sem V
			Sem VI	Sem VII	Sem VIII	Sem IX	Sem X

4.

Appeared in Examination	
In Theoretical Papers	As a Whole

To
THE CONTROLLER OF EXAMINATIONS,
UNIVERSITY OF CALCUTTA
Sir,
   I beg to apply to re-examination of following paper(s) mentioned below for the above mentioned Examination. The prescribed fee of Rs. 100 per paper/half paper (Total Rs. ....) is forwarded herewith. An attested copy of the mark-sheet of the examination concerned is also enclosed herewith.

5. Name in full   : _____
                              (In Block Letters as per Registration Certificate of C.U.)

6. Address for Correspondence : _____
   _____

7. Phone No.: _____   Mobile No.: _____   8. Sex: Male ☐ Female ☐

9. **Paper(s) to be re-examined (Special papers if any, should be clearly stated)**

Roll No.: _____	Paper Code	Paper Name	Full Marks	Marks Obtained	For Office Use only (Eligibility as per relevant regulation)	
					Eligible	Not Eligible
Registration No.: _____						

I do hereby declare that all of the above statements are correct in best of my knowledge and my application may be rejected by the authority if any one of them is found wrong.
Date: _____   _____
                                                                                    (Signature of the Candidate)
Last date of submission of fees & forms for Re-Exam.: _____

         Forwarded to the Controller of Examinations for necessary actions. I am convinced that there are strong and sufficient grounds for such re-examination(s).   _____
Date: _____   (Signature of the Head of the Department)

Rules for the Post Publication Re-examination of answer papers for
B.A. LL.B./B.Ed./BFAD./B.P.Ed./BBA./BFA./BLIS/B.Mus./BVA/MVA/M.A./M.Sc./
M.Com./MBA./MBM/MCA/M.Ed./MHRM./MHROM/M.L.I.S./M.Mus./M.P.Ed./MPSM.

A candidate who appeared as a whole in an examination may apply to the Controller of Examinations for re-examination of his/her answer script(s) within stipulated days (mentioned in the notice) from the date of publication of result in the prescribed form with requisite fees per paper/half, subject to the following conditions :-

1. No paper / half paper for which two or more examiners are appointed will be re-examined.

2. Application for re-examination shall be restricted to theoretical papers only, and no application for re-examination in any practical/supplementary/oral/internal assessment/ dissertation / project/field work etc. shall be entertained.

3. A candidate who failed or passed will have the option of getting his / her answer scripts re-examined in such number of full/half papers as per provision of the relevant regulations for the examination. The eligibility criteria for seeking re-examination of answer scripts in respect of percentage of marks obtained in remaining papers is also guided by the relevant regulations for the examination.

Instructions to fill up the form

1) Write the challan number, date, counter number and amount paid in the space given.
2) Write the Examination Name, Year and the month when it was conducted.
3 and 4) Tick in the appropriate items as stated in your admit card and mark sheet.
5) Write full name as stated in the admit card in BLOCK letters.
6) Write detail communication address.
7) Write land phone and mobile number in appropriate space.
8) Tick in the appropriate box.
9) Fill up the table with the detailed of the marks obtained along with paper code and paper name in which Re-examination is sought.
10) Write the date and make signature in appropriate space.
11) Form must be signed by the Head of the department or any other forwarding authority.