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# Bajkul Milani Mahavidyalaya

[Govt. Sponsored]

Estd.- 1964

NAAC Re-accredited (3rd cycle) B+ (2.69)

P. O. : Kismat Bajkul • Dist. : Purba Medinipur • Pin Code No.- 721655

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## NOTICE

DT. 17.01.2025

(1) Willing candidates of B. A./B.Sc. 4<sup>th</sup> Semester Examination, 2024 may apply to the Controller of Examination in prescribed format along with the copy of mark sheet through the office of the college on or before 25.01.2025 as per following rate for **post publication review** of not more than 2 (two) theoretical papers provided that he/she has secured qualifying marks i. e. 20% in each paper in which he/she desires to re-examination/review and also secured 35% marks in other individual papers except the paper(s) in which the review is sought.

(2) Further, candidates of B. A./B.Sc. 4<sup>th</sup> Semester Examination, 2024 may apply to the Controller of Examination in prescribed format for Photocopy of evaluation of answer scripts in respect of **self-inspection of answer scripts**. The candidates of these categories are asked to pay the fees as per following rate to the college office on or before 25.01.2025.

(DR. G. P. KAR)

TEACHER-IN-CHARGE

### Fees required

1.	i) Re-examination (per paper)	Rs. 60.00}	TOTAL
	ii) Cost of forms	Rs. 40.00}	
	<u>iii) Cost of result preparation</u>	<u>Rs. 15.00}</u>	<u>Rs. 115.00</u>
2.	Self-inspection of answer scripts (each paper).	R. 400.00	

Teacher-in-charge  
Bajkul Milani Mahavidyalaya  
P.O.-Kismat Bajkul  
Dist.- Purba Medinipur





## 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  
 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 :  
 (Special Papers, if any, should  
 be clearly indicated) (i)  
 (ii)  
 (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

\_\_\_\_\_  
 Office Asstt.

\_\_\_\_\_  
 Office Suptd.

\_\_\_\_\_  
 Controller of Exams

GP/5,000/1/2015