



SNU
SISTER NIVEDITA
UNIVERSITY

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DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

Application No: SNU/RAS/...../.....
For Office Use only

APPLICATION FOR REVIEW OF ANSWER SCRIPTS

Name of the Applicant:	
Student ID:	Registration Number:
Department:	Program:
Year of Admission:	Current Semester/Year : <i>(If final semester is over, then write 'Completed')</i>
Address for Communication:	
Contact No:	E-mail ID:

DETAILS OF EXAMINATION

Name of the Examination with year: <i>(Autumn/Spring, 20.....)</i>	Semester/Year:
Appearance <i>(Regular/ Supplementary)</i> :	Month & Year of the Examination held:

DETAIL OF ANSWER SCRIPT(S) TO BE REVIEWED

Note: 1. Maximum five subjects can be reviewed; 2. ***The prescribed fee for Review is Rs. 500/- per answer script.

Sl No.	Subject Name	Subject Code	Grade / Marks Obtained

Payment Details : If Paid via [DD; NEFT; UPI] <i>(Attach Transaction Details along with application)</i>	Provide Details of Transaction :
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DECLARATION: I solemnly confirm that the information furnished by me is correct to the best of my knowledge and belief.

Place:
Date: Signature of the Applicant

For Office Use Only
-Approvals-

..... <i>(Signature with Date)</i> <i>(Signature with Date)</i>
Name:..... [Office of the CFO]	Name:..... [Office of the COE]

Application No: SNU/RAS/...../..... *Receipt copy (to be filled by the Officials)*
APPLICATION FOR REVIEW OF ANSWER SCRIPTS

Name of the Applicant:	
Student ID:	Registration No:
Program:	

..... Received by (Name) Signature with Date Reporting Date & Time
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INSTRUCTIONS TO APPLICANTS WHO WISH TO APPLY FOR REVIEW OF ANSWER SCRIPTS

1. Candidates are eligible to apply for review of their answer books of End Semester theory papers only.
2. Every application for review should be submitted in the prescribed form along with the prescribed fee mentioned under clause (3) below, so as to reach the office of the Controller of Examinations. Please refer to the notification announcing the results in this regard. Candidates are advised to submit their applications to **The Controller of Examinations, SISTER NIVEDITA UNIVERSITY**, DG Block (Newtown), Action Area I, Newtown, New Town, West Bengal 700156. The envelope containing the application should be super scribed as **APPLICATION FOR THE REVIEW OF THE** (*Name of the course*) (*Semester/Year of Examination*).
3. The prescribed fee for Review is **Rs. 500/-** per answer script.
4. The applications received late or not in the prescribed form or defective in any respect will not be entertained and will be summarily rejected without any notice.
5. (a) In the case of applications which are found in order, the University will take steps to get the answer scripts revalued expeditiously so as to issue the result of revaluation is quickly as possible. (b) The results of revaluation will be communicated to the candidates concerned individually as soon as the results are ready for issue. No interim enquiries of any kind will be entertained in this regard.
6. It may be noted that the University can never set in any case a time limit for the issue of the results of review. The University will also therefore, not be liable for loss of any kind sustained by candidates concerned on account of the delay, if any, in issuing the results of revaluation.
7. The candidate should attach a *self-attested copy of the Admit Card* and a *self-attested copy of the Mark Sheet (Downloadable format applicable)* of the examination concerned along with the application.
8. Separate application form shall be submitted for each semester/year of examination, as the case may be.
9. The candidates are directed to write the name of the subject in full etc. in the places provided for the purpose.

DECLARATION: I, have read and understood the above mentioned instructions.

Place:

Date:

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Signature of the Applicant