

UNIVERSITY OF KALYANI



Controller of Examinations

**APPLICATION FORM FOR REVIEW OF RESULTS
OF B. A./B. Sc./B. Com. (Hons/General/Major) EXAMINATIONS**
(See reverse for regulations regarding review)

This application along with the fees and an attested copy of the mark-sheet of the last examination must reach the office of the Controller of Examinations within Fifteen days from the date of publication of the relevant examination.

This application is to be forwarded by the Principal of the College from which the candidate was sent up for the examination.

**To
The Controller of Examinations
University of Kalyani**

Sir,

I beg to apply for review of my result in the following subject(s) & paper(s) of
..... Examination, 20

The prescribed non-refundable fee is forwarded herewith. An attested copy of the mark-sheet of the last examination at which I appeared is also sent herewith.

1. Name in full (in Block Letter)
2. Roll No
3. University Registration Number of
4. Result to be reviewed in
subject paper
- subject paper

(Full Signature of the candidate)

Dated

Postal Address

.....
.....

Memo No.

Forwarded to the Controller of Examinations for necessary action.

Signature of the Principal
with official Seal