

NOTICE 11.07.2025

It is notified for information of all concerned that the dates of submission of Review forms and fees for post publication review/Scrutiny of B.A./B.Sc. Sem- II (3yr & 4yr degree) Examination, 2024 (under CCFUP of NEP2020) will be held through online mode.

On Line Payment date : 11th July to 19th July 2025 (Up to 3 P.M)

Document verification : 11th July to 19th July 2025 (Except Holiday) (At College Online office)

Review Fee: Rs. 150/- Per paper/ Per CourseScrutiny Fee: Rs. 80/- Per paper/ Per CourseProcessing Fee : Rs. 10/- Per applicant



Principal Principal Bejoy Narayan Mahavidyalaya P.Q.- Itachuna, Dist.- Hooohiv

Note:

১. সর্বাধিক দুটি Theoritical Subject (Major, Minor, SEC) - এ Review এবং একটি পেপার Scrutiny করতে পারবে।

<u>OR</u>

সর্বাধিক দুটি Theoritical Subject (Major, Minor, SEC) - এ Scrutiny এবং একটি পেপার Review করতে পারবে।

২. AEC, MID, VAC, Practical Paper, Internal Assessment Project paper ইত্যাদি Subject এ Review করা যাবে না।

৩. তিনটি সাবজেক্ট এর মধ্যে একটিতে Minimum Grade - 4 পেতে হবে।

Review সংক্রান্ত কোনো প্রশ্ন থাকলে payment করার আগে অফিসে যোগাযোগ করবে।

The University of Burdwan



Department Controller of Examinations

APPLICATION FORM FOR POST-PUBLICATION REVIEW (PPR) OF ANSWERSCRIPT(S) OF UG CCFUP of NEP 2020) EXAMINATIONS

[Please go through the general rules for review on the overleaf before filling up this form. Incomplete and faulty application is liable to be rejected. Properly filled-in application form along with requisite fees must be submitted to the college within the date (s) as per notification of this department]

1. Name of the Examination

| : B.A./ B.Sc | SEM | |
|--------------|-----------|--|
| 3/4 Year | Exam, 202 | |

- 2. University Roll No.
- 3. Registration No with Year

4. Name of the Candidate (in block letters)

5. Name of the Institution

: Bejoy Narayan Mahaviidyalaya

6. Review in which is prayed for and marks obtained:

| Subject code | Subject Name | Subject Type | Grade Value | Review / Scruitiny |
|--------------|--------------|--------------|----------------|--------------------|
| | | - | | |
| | | | | |
| | | | | |

- 7. Amount of Fees Deposited
- 8. Home address (In Block letters)
- 9. Phone No

Date.....

(Full signature of the candidate)

* I certify that I have carefully examined the eligibility of the aforesaid candidate for applying Post Publication Review of his/her answer-script(s) in the subject stated above is recommended and forwarded following general rules as stated on the overleaf for necessary action. One copy of his/her marksheet duly attested by me is also enclosed.

Date



Head of the institution with office seal