



Diamond Harbour Women's University

Sarisha, Diamond Harbour Road, South 24 Parganas, 743368

Application For Review of Answer Script

FOR OFFICE USE ONLY

Received Rs.....

Receipt No.....Date.....

Cashier

May be accepted

**Controller of
Examinations**

TO

The Controller of Examinations,

(To be forwarded by HoD/Coordinator)

Diamond Harbour Women's University.

Sir,

I am to apply for review of Answer Script in B. A./B.Sc/M.A/M.SC./M. Com. Examination 20..... of which the results were published on..... I have submitted the usual fee of Rs..... for each paper in the following subject.

Name of the Examination: B.A./B.Sc./M.A/M.Sc./M.Com. (1st year/2nd year/3rd year/4th year), Semester : 1st/2nd/3rd/4th/5th/6th/7th/8th .

1. Subject:
2. Name of the Paper/Module:
3. Paper/Module Code No.:
4. Registration No.: of
5. Examination Roll No.:
6. Name of the applicant:
7. Permanent Address of the applicant:
8. Mobile No.:

I am submitting herewith Xerox copies of admit card and mark sheet of the above mentioned examination.

DATE:.....

Yours faithfully,

(Full Signature)

Note: Separate application is to be submitted for each answer script to be reviewed.