



राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला  
NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA  
Barjala, Jirania, Agartala – 799046(Tripura)  
OFFICE OF THE DEAN ACADEMIC & EXAMINATIONS  
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No.F.NITA.6/(1-Exam)/Notice/2017-18

Dated the 31<sup>st</sup> July 2024

## NOTICE

This is to inform all the students of BSc. BEd. that if a student is not satisfied with the result of any subject of BSc. BEd. Examination **published on 31.07.2024 (Wednesday)**, he / she may apply for review of marks of the subject(s) on payment of Rs. 500/- (per subject) and submitting the form attached in Annexure - A along with payment receipt within 09<sup>th</sup> August 2024.

Account No. for payment: 30369892838 (SBI)  
Name of Account Holder: NITA IRG Fund  
IFSC Code: SBIN0011491

*Ami*  
31/7/24

Associate Dean (Examinations)

Copy to:

1. P.S. to the Director for kind information of the Director.
2. All Deans for kind information.
3. All HoD's for kind information and necessary action please.
4. MIS In-Charge for kind information and necessary action please.
5. System Admin for kind information & uploading in the website.
6. Guard File for record.

Encl:

1. Annexure -A (Application form for Review of Answer Script)

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Associate Dean (Examinations)



**Application form for Review of Answer Script**

Sl. No.

Name of the Student: \_\_\_\_\_

Enrollment No. / Registration No.: \_\_\_\_\_

Section: \_\_\_\_\_

Branch: \_\_\_\_\_

Degree: \_\_\_\_\_

Specialization(if PG): \_\_\_\_\_

Name of the Examination session: \_\_\_\_\_

(Odd / Even /)

(Year of Examination)

Contact No. & e-mail of the applicant: \_\_\_\_\_

Name of the Subjects with code: 1.  
(Subject name and code must 2.  
Match with MIS record) 3.  
4.  
5.

(Signature of the Applicant with date)

Checklist (for office use only)

1. Copy of the Admit card ( )
2. Copy of clallan for Rs. 500/- (Rupees five thousand only) ( )

(Signature of the officials)

Associate Dean (Examinations)

Marks Details:

Sl. No.	Name of the Subject with subject code as per MIS	Marks before Review			Marks after review		
		Mid Term	End Term	Total	Mid Term	End Term	Total
1							
2							
3							
4							
5							

(Signature of the Faculty / Faculties)

(Head of the Department / First year coordinator)

Dean (Academic Affairs)