

## **UNIVERSITY OF GOUR BANGA**

(Format for clarification of results of Under Graduate Examinations (Part I and Part II) 2017 (To be submitted to the Office of the Controller of Examinations through the College)

| O   | Observation of Dealing Assistant of C.O.E.   | (Professor Shyamapada Mandal)<br>Controller of Examinations (A/C) |
|-----|--|---|
|     | Forwarded by the Principal/Teacher-in-Charge (with detail observat<br>(With date & seal)                 | ion):   |
|     |  |   |
| Sig | Signature of the student (with date)   |   |
|     |  |   |
|     | I declare that above statements are true to the best of my knowle<br>marks changed after verification by | dge and belief & also I shall accept any kind o<br>the Committee  |
|     |  |   |
|     |  |   |
|     |  |   |
|     |  |   |
| 6.  | 5. Specific information (Subject & paper wise) of your results to be                                     | considered:   |
|     |  |   |
|     | (b) Registration No. with year (Attach self attested admit card):  |   |
| 5   | i. (a) Roll & Number:  |   |
| 4.  | . Course studied with Examination appeared:  |   |
|     |  |   |
| 3.  | . Name of College with address:  |   |
| •   | At the set Callege with address:   |   |
|     |  |   |
| 2.  | . Communication address of the student with cell phone number:   |   |
| 1.  | . Name of the Student:   |   |



## **UNIVERSITY OF GOUR BANGA**

Established under West Bengal Act XXVI of 2007 recognized by UGC U/S 2(f) 12(B) NAAC accredited University with "B" Grade (2016)

P.O. Mokdumpur, Dist.: Malda, West Bengal. Pin: 732103, India

Date:....

| 200, 800/44 524  |               | ment() of B.A.()/B.Sc.()/B.Com.() |
|--|---------------|-----------------------------------|
| Part-I()/Part-II()/Part-I  | ll() (Hons.() | /General()) Examination 20        |
|  |               |                                   |
| o,<br>he Controller of Examinations<br>Iniversity of Gour Banga<br>Malda, PIN - 732103 |               |                                   |
| Name of the College/Department:  |               |                                   |
| Name of the Candidate (in CAPITAL Letters):  |               |                                   |
| Subject:   |               |                                   |
| Roll and No.:  |               |                                   |
| Registration No. with Session:   |               |                                   |
| Subject and Papers Code for scrutiny:  | 1.            | 2.                                |
| Subject and Papers Code for Reassessment:  | 1.            | 2.                                |
| Fees(in Rs):   |               |                                   |
|  |               |                                   |
|  |               |                                   |
| Forwarded to the Controller of Examinations  | , UGB         | Signature of the Applicant        |
|  |               |                                   |
| (Signature with Official Seal Principal/T.I.C./H.O.D.)                                 |               |                                   |
| (Signature with Official Seal Principal/T.I.C./H.O.D.)                                 | For Off       | ice Use(College)                  |
| Name of the Candidate  |               |                                   |
| Name of the Candidate  | Regn.No       | of Session                        |
| Name of the Candidate  Roll and No   | Regn.No       | of Session                        |
| Name of the Candidate  | Regn.No       | of Session                        |
| Name of the Candidate  Roll and No  Applied for PPS/Reassessment of B.A.()/B           | Regn.No       | of Session                        |
| Name of the Candidate  | Regn.No       | of Session                        |