



TRIPURA UNIVERSITY
(A Central University)
SURYAMANINAGAR – 799022

No.F.TU/REG/UG/03/07(Vol-1)

Date: 04.07.2022

NOTIFICATION

As per decision of the Academic Council in its 10th meeting held on 22.11.2011 to allow the students to inspect their Answer Scripts under certain terms & conditions, as notified vide even no. dated 01.12.2011, due to changed circumstances and requirements some terms & conditions are now modified.

Accordingly this is hereby notified that the modified terms & conditions for inspection of Answer Scripts shall be as follows:

1. Application Form is to be filled up by each applicant seeking to inspect the Answer Scripts. In the application form, applicant has to state name, address, contact no., subject, paper, year of examination, reason for inspection, and enclose copy of marksheet/ result sheet (only incase marksheet is not yet distributed) of the exam concerned etc.
2. Application Form may be sold at a price of Rs.100/- each payable by DD in favour of Registrar, Tripura University at SBI, Tripura University Campus Branch. One application form can be used for inspection of one answer script only.
3. On receipt of the correctly completed application form, date and time will be informed to the candidate for inspection of the Answer Script.
4. An amount of Rs.500/- only will be charged towards the cost of inspection for retrieving the answer script, manpower involved and for the arrangements to be made etc. for inspections of each answer scripts.
5. A maximum of one hour will be made available to an applicant who is allowed inspection of an answer script. One set of photocopy of the answer script will actually be seen by the candidate. At the end of the inspection, the candidate is required to sign the set of the script (photocopy version) and countersigned by the nodal officer of the examination branch.
6. The applicant will not be allowed to raise any question, make any mark on the script or do any such thing that can affect the originality of the script in question.
7. At the end of inspection, the applicant has to sign a certificate to the effect that the applicant was provided facility for the inspection of the script.
8. The same answer script, once inspected, will not be allowed for second inspection.
9. The Inspection is permissible to the candidate only who wrote the script. No second person will accompany the candidate at the time of inspection.



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10. No copying or photography or noting down of any part of the script will be permissible.
11. i) For MBBS: Application for the inspection of the answer scripts can be made within 12 days from the date of the publication of result and
ii) For others: Application for the inspection of the answer scripts can be made within 30 days from the date of the publication of result
Inspection will be allowed/ conducted within 12/ 30 days (as per course) from the date of acceptance of the request.
12. The identity of the examiner/ scrutinizer and any other such person associated with evaluation and scrutiny of the Answer script will be erased/ covered/ destroyed before it is presented for inspection.
13. One Officer of the examination branch will be the nodal person for all matters relating to the inspection of the Answer Scripts.

This is issued with the approval of the Hon'ble Vice Chancellor.

Sd/- 1/7/22
(Dr. K. B. Jamatia)
Registrar (i/c)

Copy to:-

1. The Controller of Examinations, Tripura University with a request to take necessary action.
2. The Director, College Development Council, Tripura University
3. All Head/ Head-in-charge/ Coordinator, Tripura University
4. All Principal/ Principal-in-charge of affiliated College/ institutes of Tripura University
5. P.S to the Hon'ble Vice-Chancellor, Tripura University for kind information.
6. Mr. Suman Das, STA, Tripura University for uploading the same in the Tripura University website

(Dr. K. B. Jamatia)
Registrar (i/c)



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EXAMINATIONS BRANCH

PHOTO

Price: ₹ 100/-

APPLICATION FORM FOR INSPECTION OF ANSWER SCRIPT

1. Name of the Applicant :

2. Name of the Father/ Guardian :

3. Correspondence Address :

4. Phone/ Mobile No. : Email id:

5. Registration No. : Date of Birth:

6. Subject :

7. Reason for Inspection :

8. Name of the Examination for which inspection of Answer Script is sought	Year/ Month of the examination	Date of declaration of result

9. Name of the Paper for which inspection of Answer Script is sought	Total Marks of the Paper	Marks obtained by the applicant <i>(copy of self attested Marksheet/ Result Sheet & admit card of the examination to be enclosed)</i>

10. Application Fee details:	Amount	DD/ TU Challan No.	Date	Bank	Branch

11. Inspection Fee details: <i>(to be filled by the applicant at the time of inspection)</i>	Amount	DD/ TU Challan No.	Date	Bank	Branch

Place:

Date:

Signature of the Applicant with date

DECLARATION

(to be filled and signed by the applicant at the end of inspection)

I, undersigned, Sri/ Smt, hereby declare that, as per University system, I have been provided the photo copy of my Answer Script(s) of for thorough Inspection. I have also been allotted the stipulated time to inspect the answer script and after going through the same I have returned the answer script to the University.

Further, I declare that, I am fully satisfied with the facility provided to me by the office of the Controller of Examinations and I do not have any objection and grievance on this ground.

Signature of the Applicant with date

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