



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD – 36, Sector – 1, Salt Lake, Kolkata 700 064

☎: 2321- 3461, 2334-6602, /Ext. 224 & 225

☎ Fax: 2358- 0100 E mail Id of COE : controller@wbuhs.ac.in

Memo No : COE/UHS/3305/2019

Date : 06.12.2019


NOTICE

In pursuance of the decision of the Academic Council in its 25th meeting held on 25th September, 2019 and the decision resolved in the meeting held on 02nd December, 2019 with Principals/Deans/ Other Officers of different Colleges/ Institutes and in supersession of earlier decisions, it is hereby notified that –

1. Application for Scrutiny or Re-evaluation of Answer Books should be submitted by the willing students within 1 (one) week from the date of publication of marksheet/statement of marks (date would be notified in the website of the University). No application for re-evaluation will be accepted after the above-mentioned scheduled date.
2. The University would work out to provide the facility to the students to download their “Provisional Statement of Marks” from the Portal and also online submission of application within the stipulated time frame. However, till the facility for online submission of the application is activated in the Portal, application with usual fees is to be submitted as per the proforma annexed hereto.
3. The re-evaluation will be made by 2 (two) examiners simultaneously and the average of the marks is taken as the Final mark of the student - be it more or less than the original marks and fresh mark-sheet would be issued on surrender of the original marksheet.
4. As per the present principle the fees for scrutiny/ re-evaluation of Answer-script are as follows:
 - a. Scrutiny of each paper: Rs 1000 (Rupees One Thousand).
 - b. Re-evaluation of each paper: Rs 2000 (Rupees Two Thousand).

For submission of physical form (hard copy) fees are to be paid by Bank Draft drawn in favour of the University (The West Bengal University of Health Sciences) payable at Kolkata. For online submission, fees are to be paid online following the usual principle as is being followed for submission of application for enrollment for any examination.

This issues with the approval of the Hon’ble Vice-Chancellor of the University.


Controller of Examinations
6.12.19

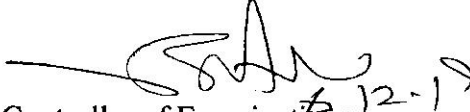
Memo No : COE/UHS/3305/2019

Date : 06.12.2019

Copy forwarded for information and necessary action to:

1. Director/Principal, (all Colleges).
2. Dean, (all Colleges).
3. Pro Vice-Chancellor, WBUHS
4. Registrar, WBUHS, WBUHS.

5. Finance Officer, WBUHS.
6. Dean (Modern Medicine/ Dental Sciences), WBUHS.
7. Deputy Controller of Examinations, WBUHS.
8. OSD, PDE&A, WBUHS.
9. Assistant Controller of Examinations, WBUHS.
10. Assistant Finance Officer, WBUHS.
11. Programme Officer, WBUHS.
12. PA to Vice Chancellor, WBUHS.
13. All OIC, WBUHS.
14. Mr. Suvhankar Paul, WTL with the request to provide the required facility in the software under development by them at an early date.


Controller of Examinations 12-19



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD – 36, Sector – 1, Salt Lake, Kolkata 700 064

☎ : 2321- 3461, 2334-6602, /Ext. 224 & 225

☎ Fax: 2358- 0100 E mail Id of COE : controller@wbuhs.ac.in

APPLICATION FORM FOR RE-EVALUATION OF ANSWER-SCRIPTS

1. Name:

2. Registration Number;

3. Roll Number:

4. Institute:

5. Course:

6. Examination:

7. Date of Publication of Result:

8. Details of the Paper(s) to be re-evaluated:

| Sl No | Subject | Paper | Marks Obtained |
|-------|---------|-------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

9. Fees details:

Amount:

Challan/ Draft Number:

Name of Bank:

Date of draft/challan:

Declaration

I do hereby solemnly declare that the information provided hereinabove are true to the best of my knowledge. I also undertake that I have understood all the rules pertaining to the process of Review of Answer-scripts and I will accept the marks to be awarded to me after the review as the Final mark(s) and it will be binding upon me even if the marks is less than the original marks.

Enclosure:

Signature of the Student:

Mobile:

E-mail Id:

Date:



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD – 36, Sector – 1, Salt Lake, Kolkata 700 064

☎ : 2321- 3461, 2334-6602, /Ext. 224 & 225

☎ Fax: 2358- 0100 E mail Id of COE : controller@wbuhs.ac.in

APPLICATION FORM FOR SCRUTINY OF ANSWER-SCRIPTS

1. Name:

2. Registration Number;

3. Roll Number:

4. Institute:

5. Course:

6. Examination:

7. Date of Publication of Result:

8. Details of the Paper(s) to be scrutinized:

| Sl No | Subject | Paper | Marks Obtained |
|-------|---------|-------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

9. Fees details:

Amount:

Challan/ Draft Number:

Name of Bank:

Date of draft/challan:

Declaration

I do hereby solemnly declare that the information provided hereinabove are true to the best of my knowledge. I also undertake that I have understood all the rules pertaining to the process of Scrutiny of Answer-scripts and I will accept the marks to be awarded to me after the Scrutiny as the Final mark(s) and it will be binding upon me even if the marks is less than the original marks.

Enclosure:

Signature of the Student:

Mobile:

E-mail Id:

Date: