



NITMN/FORMS/EXAMDEPTT/FORM2

To,
The Associate Dean (Examinations)
NIT Manipur

Dated: -----

Subject: Application FOR REVIEW OF END TERM ANSWER SCRIPT

Sir,

I, Enrollment No (.....) request
your kind self for the subject mentioned above.

Details of the Subject(s):

Sl.No	Name of the Subject(s)	Subject Code	Name of the Subject Teacher	Signature of the Faculty Concern

Details of the Fee Payment:

Sl.No	Details of the DD/ Cash Payment Reciept	Dated	Amount	Challan No/ receipt No.
1				
2				
3				

DECLARATION FROM THE STUDENT

I further declared that after review of answer script, I will accept the latest evaluated marks superseding the earlier marks.

Yours Faithfully,

Name of the Student:

(Signature of the Student)