



TRIPURA BOARD OF SECONDARY EDUCATION

P.N. Complex, Gurkhabasti, P.O. Kunjaban, Agartala

Tripura West, PIN-799006

To

The Secretary

Tripura Board of Secondary Education

P.N. Complex, Gurkhabasti

P.O. Kunjaban, Agartala, Tripura.

Sir,

I want your permission for applying in the **post publication review of answer scripts of Madhyamik/Alim Examination, 2025**. I hereby declare that I will abide by all Rules, Regulation and bye-laws of the Board and the information given below are true.

Subjects Review sought in (Tick the subject symbols) {Maximum 3 (three) subjects}

New Syllabus	-----L-I (Mention Subject)	ENG	MATH		SCIENCE	SOCIAL SCIENCE	Theology
			BAS	STD			

1. Name of the School the student

appeared from

:

2. Name of Candidate

:

(in Block letters)

3. Roll Number

:

4. Examination Centre

:

5. Marks obtained in the subjects for Review

(only theoretical marks)

(a) For the Candidates under **(New Syllabus)**

Subject in Symbol	Marks Obtd.(theory)	Subject in Symbol	Marks Obtd. (theory)	Subject in Symbol	Marks Obtd. (theory)

[Photocopy of the Mark sheet to be enclosed with the Application Form]

6. Amount of Fee paid to the School in cash : Rs. _____ (Rupees _____)

Signature of Guardian

Signature of the candidate

Signature of the Head of the
Institution with office seal & date

**INSTRUCTIONS FOR REVIEW OF ANSWERSSCRIPTS FOR THE MADHYAMIK/ ALIM
EXAMINATIONS, 2025**

1. The Board will hold Post-Publication Review of Answer scripts only in written papers.
2. Review Fee per subject is Rs. 130/- (Rupees One Hundred Thirty) only payable in cash to the School.
3. Application along with requisite fee should be submitted through the Head of the Institution.
4. The Application Forms & Fees along with all other relevant papers shall have to be submitted to the School and to the Board as per the time schedule given below:-

(a) Last date for submission of the Application Forms & Fees for Review to the School by the candidates.	by 08-05-2025
(b) Date of submission of the relevant Forms & Fees by Bank Challan to the Board by the School authority.	on 14-05-2025

5. NO APPLICATION FOR REVIEW WILL BE ENTERTAINED BY THE BOARD AFTER THE DUE DATE IS OVER.

Incomplete application forms will be rejected without any reference.

6. All the applications shall have to be sent to the Board by the Schools in one bunch along with a list of candidates in Prescribed statement forms (**in duplicate**) and requisite fee through **Bank Challan** etc. by Messenger (only School Staff) with proper entry.

The Board will not entertain any application direct from a candidate or guardian.

7. The Review results will be sent to the Head of the Institution of the concerned School or to be collected from the Board office by the School authority. The candidates should contact their Head of the Institution for their results.

***The Review results shall not be handed over to the student/guardian directly.**

8. Neither the candidate nor any one on his/her behalf shall be entitled to be present during the review nor shall anyone have the right to inspect the Answer scripts.



TRIPURA BOARD OF SECONDARY EDUCATION

STATEMENT FORM TO BE SUBMITTED IN DUPLICATE

MALE/FEMALE

MAY BE PHOTOCOPIED

List of students who have applied for Review of Answer scripts in respect of

Madhyamik Examination, 2025

(SEPARATE FORM SHOULD BE USED FOR MALE & FEMALE CANDIDATES)

(New Syllabus New Pattern)

Name of Centre:-

Name of School:-

Name of Venue:-

(To be filled in by the School)

Sl. No.	Roll No. (* Roll No. may be arranged serially)	Name of Student	Subject/Subjects symbols for which Review has/have been sought (Tick at appropriate place)							Amount
			1.	2.	3.	4.	5.	6.	7.	
			ENG	<hr/> L I	Math (Basic)	Math (Standard)	Science	Social Science	Theology	
			ENG	<hr/> L I	Math (Basic)	Math (Standard)	Science	Social Science	Theology	
			ENG	<hr/> L I	Math (Basic)	Math (Standard)	Science	Social Science	Theology	
			ENG	<hr/> L I	Math (Basic)	Math (Standard)	Science	Social Science	Theology	
			ENG	<hr/> L I	Math (Basic)	Math (Standard)	Science	Social Science	Theology	

Signature of the Head of Institution
with office seal

Total amount :

Name of Bank :

Branch Name :

(A copy of the Challan should be enclosed)