

Serial No.

735

Rs. 30/-

WEST BENGAL NURSING COUNCIL

8, Lyons Range, Mitra Building (4th floor) Kolkata-700 001
Phone : 2230-2059 / 2059-5579

APPLICATION FORM FOR REVIEW OF MARKS



FOR OFFICE USE

Set. No.

Examiner's Name :

Roll No. _____

Name of the Candidate _____

Examination Appeared _____

Date of Examination _____

To
The Registrar,
West Bengal Nursing Council,
Kolkata - 700 001

Sub : Application for REVIEW (Verification) of Marks of

(Name of the Examination)

Dear Madam,

I, the understand, request you to verify my marks as per details given below :-

- 1) Name of the Training School _____
- 2) Centre for Theory Examination _____
- 3) Total No. of Papers for verification _____
- 4) Details of the marks of examination for subject to be verified only :-

| Roll No. | Name of the Candidate | Paper/s for Review | Marks Obtained |
|----------|-----------------------|--------------------|----------------|
| | | | |
| | | | |
| | | | |

So please accept the application for verification of Marks & kindly do the needful.

Yours faithfully

Date :

Signature of the Candidate

Forwarded to the Registrar, West Bengal Nursing Council, Kolkata for further necessary action.

Yours faithfully

Encl : Attested Copy of Mark -- Sheet

Name & Signature of the In - Charge
of the School with office seal

N.B. Each Application for Review should be followed by the requisite form which may be had from the West Bengal Nursing Council. The fee for review is Rs. 100/- only per subject per candidate.

FOR OFFICE USE

| Amount | Receipt No. | Date | Remarks |
|--------|-------------|------|---------|
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