



**VIDYASAGAR UNIVERSITY**  
Midnapore – 721 102  
West Bengal

Phone: (03222) 276554/555/557/558  
Fax No.: (03222) 275297

**NOTIFICATION No. VU/R/852/12 dated 10-08-12**

In continuation to our earlier Notification no **VU/R/830/12 dated 03-08-12** in respect of self-inspection of evaluated answer script(s) by an examinee of Under Graduate & Post Graduate Examinations of this University, this is to notify further that the last date for submission of application to the Principal of the Colleges for obtaining the Xerox copy of the evaluated answerscripts have been extended upto **24-08-2012**. The last date for submission of Application forms by the colleges along with the forwarding format-II to the Controller of Examinations is **30-08-2012**.

The college will collect the application form, necessary fee of Rs.400/- along with the relevant marksheets, registration and admit card from the student and arrange Category-wise , roll no. wise for filling up the format-II.

The Principal of the affiliated colleges will forward all such application along with the Demand Draft to the Controller of Examinations within 30-08-2012.

Date: 10-08-2012

*Ranajit Dhar*  
(Dr. Ranajit Dhar) 10-8-12  
Registrar

Copy forwarded for information and necessary action to:

01. All Heads of the Academic and Administrative Departments
02. All principal /Teacher-in-Charge(s) of affiliated UG Colleges
03. the SPIO, Vidyasagar University
04. the Controller of Examinations
05. the Deputy Registrar
06. the Assistant Registrar
07. the SPIO and Secretary to VC
08. Guard File

*Int. S. Saurit  
for website Pl.  
Reference*

*ES  
for website  
Ranajit Dhar  
10-8-12*

## MODALITIES

### SELF INSPECTION OF EVALUATED ANSWER SCRIPTS BY THE EXAMINEE OF VIDYASAGAR UNIVERSITY, MIDNAPORE

Date : 25-07-2012

In addition to the Rules and Regulations adopted for Review of evaluated answer scripts, following modalities are laid down for Implementation with immediate effect in respect of various Postgraduate and Undergraduate Examinations, 2012 onwards of Vidyasagar University.

1. The Photocopy of the evaluated answer script(s)(except practical papers and papers for compulsory Languages and Environmental studies) may be obtained by an examinee concerned once only for self inspection on submission of application to the Controller of Examinations of the University in prescribed format (**FORMAT – I**) available in the university website ([www.vidyasagar.ac.in](http://www.vidyasagar.ac.in)) and on payment of Rs. 400/- (Rupees four hundred only) per answerscript.
2. Above application format for photocopy of evaluated answer script(s) for the purpose of self-inspection may be submitted within 20 (twenty) days from the date of publication of results of the concerned examinations. No application shall be entertained after the period specified above.
3. The Principal/Teacher-in-Charge of the affiliated colleges / HOD of the Academic department must forward all such applications together with the application fees to the University in a consolidated manner in prescribed format (**FORMAT – II**) and within the aforesaid date.
4. The Photocopy of the evaluated answer script(s) will be handed over to the concerned examinee ordinarily after thirty days and within 60 days from the last date of submission of such applications provided that
  - a. The photocopy of evaluated answer script(s) which is/are not under review/re-examination, will be handed over to the concerned examinee for self-inspection within the stipulated time as mentioned above after another round of scrutiny and making necessary rectifications in the evaluated answer script(s), Tabulation sheet and mark sheet, if so required.
  - b. The photocopy of the evaluated answer script(s) which is/are under review examination will be handed over to the concerned examinee for self inspection only after the publication of review results.
5. The examinees shall have to appear with original marksheet of the concerned examination to take delivery of the photocopy of the evaluated answer script(s) for self-inspection on the specific date and time as may be intimated by the University and to acknowledge the receipt of the same.
6. The University shall not entertain any claim for redressal of grievances of the concern examinee arising out of self inspection relating to evaluation of answer scripts.
7. The examinees may submit their observations to the controller of examinations if the error is found in case of total marks of the answer scripts or unmarked question(s) *etc.*

**APPLICATION FOR PHOTOCOPY OF EVALUATED ANSWER SCRIPT(S) FOR SELF INSPECTION.**

Controller of Examinations  
 Vidyasagar University,  
 Midnapore - 721102  
 West Bengal

Sir,

I would like to obtain photocopy/photocopies of \_\_\_\_\_ number(s) of answer script(s) for the purpose of my self-inspection only for which I am furnishing my particulars as hereunder and Remitting Rs \_\_\_\_\_ (Rupees \_\_\_\_\_ only ) herewith:

a) Name (in Block Letter) : \_\_\_\_\_

b) Contact Address with Mobile number : \_\_\_\_\_

c) Name of the Examination and Year : \_\_\_\_\_

d) Registration number and Session : \_\_\_\_\_

e) Roll and number : \_\_\_\_\_

f) Subjects and Paper number(s) for which photocopy is sought for self-inspection.  
 (Subjects and Paper(s) (to be written in abbreviated form as shown in the marks sheet)

(Photocopy of marks sheet shall have to be attached)

g) Subjects and papers sought for review of answer scripts under the relevant Regulation of the University

h) Subjects and papers sought for both review and self inspection

**Declaration**

I declare that the statements given above are true and that if any of the statements is found to be false, my application shall be liable to be rejected by the University without any intimation to me and further that I shall not claim for refund of the fees remitted.

Full Signature of the Examinee with date

Countersignature of the Principal

....., College.

/

Counter signature of Head of the Department of .....  
 Vidyasagar University

### FORMAT - II

Controller of Examinations,  
Jasagor University  
Jnnapore - 721 102

Dear Sir,

I do hereby forward \_\_\_\_\_ number of application forms, submitted by the examinees who appeared \_\_\_\_\_ Examinations, 20 \_\_\_\_\_, seeking photocopies of evaluated answer scripts in respect of the above mentioned examinations from the candidates who appeared from this College/Department together with the requisite fees in DD, bearing No \_\_\_\_\_ drawn on in favour in **Vidyasagar University**

Dated \_\_\_\_\_ for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only

The particulars of the examinees are given below.

**[ARRANGE category-wise and roll no –wise while filling up the form below.**

Signature of the Principal / Head of the PG Department, Vidyasagar University  
Office Seal

[XEROX IF NECESSARY]

**OBSERVATION BY THE STUDENT AFTER SELF INSPECTION OF THE EVALUATED ANSWER-SCRIPT.**

[ALL THE OBSERVATION TO BE SUBMITTED TOGETHER TO THE CONTROLLER OF EXAMINATIONS THROUGH COLLEGE AUTHORITY WITHIN 10 DAYS OF RECEIVING THE ANSWER-SCRIPTS]

To  
 The Controller of Examinations  
 Vidyasagar University  
 Midnapore – 721 102

Sir,

I have inspected the answer-script of .....examinations in .....(subject) and paper .....thoroughly and after inspection, I would like to submit the following observation / findings.

| Question No. | OBSERVATION<br>Please tick () the appropriate boxes of columns |                                |                          | Remarks by the University Authority |
|--------------|--|--------------------------------|--------------------------|-------------------------------------|
|              | Mistake in Grand Total   | Mistake in question-wise total | Non-evaluated answer     |                                     |
|              | <input type="checkbox"/>                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                                     |
|              | <input type="checkbox"/>                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                                     |
|              | <input type="checkbox"/>                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                                     |
|              | <input type="checkbox"/>                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                                     |
|              | <input type="checkbox"/>                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                                     |

I would therefore request you to kindly consider my observation and oblige.

Yours obediently,

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**Signature of Student with date**

Name:

Roll:  No.:

Regd. No.  of

**Mobile No.:**

*Verified*

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Signature of the dealing asst. of College

FORWARDED BY THE PRINCIPAL / TEACHER-IN-CHARGE

Date:

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Signature with Seal