APPLICATION FOR P. P. REVIEW

| No Date | | | Name of Madrasah | | | | | | | | | | | | | |
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| | | | Address | | | | | | | | | | | | | |
| Sir, I hereby apply for review of papers bind myself to accept the award after rev | as noted iew and | herein. consequ | I hav ientia | e rea | d the irge, | rule if an | s in t | his c reto | as fu | ection nal a | n care | fully ever | and | d e. | | |
| Name of the Candidate (In block letters) | Roll | Paper for Scrutiny in Symbol | | | | | | | | | No. of Pa- pers | Amt. of Fee | marks | | | |
| Signature of the candidate | No. | | In Code No. | | | | | | | pers | Paid | Re | | | | |
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Signature of the Head of the Instituion Seal

High Madrasah

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- 2. Prescribed Fee per paper Rs. 100/-
- 3. The candidate intending to review his papers shall fill in the Application within) 15 days of the results.
- The Head of the Institution shall forward the Application signed by candidates to the Board within 15 days of the publication of the results alongwith original Money Receipt.
- Each Application has space for signature of eight candidates. If the No. of candidates praying for review exceeds eight, additional Application Form should be used.