KAZI NAZRUL UNIVERSITY

OFFLINE POST PUBLICATION REVIEW FORM

Stream			
Examination		Year	

NAME **(in block letter)**	

Reg. No.										of 20____ - 20_____

Roll										NO				

Paper Code		Paper Name
1		
2		
3		
4		
5		
6		
7		

Permanent address of candidate	
Mobile No:	
Email id:	

Particulars of fees deposited:

Amount (Rs)	Challan/ Receipt No

Date :

Place :

_____
Signature of the applicant in full

Forwarded

_____
Head/Coordinator/Principal (with seal)

_____
Date