

### WEST BENGAL STATE COUNCIL OF TECHNICAL & VOCATIONAL EDUCATION

AND SKILL DEVELOPMENT

(A Statutory Body under the Government of West Bengal Act XXVI of 2013) Department of Technical Education, Training & Skill Development, Government of West Bengal Karigari Bhawan, 4th & 5th Floor, Plot No. B/7, Action Area-III, Newtown, Rajarhat, Kolkata–700160

Memo No. WBSCTVESD/TED/2022-23/1054

Date: 14.03.2023

## NOTIFICATION

This is for information of all concerned that the diploma students who are not satisfied with their results in 2<sup>nd</sup> & 4<sup>th</sup> semester external theoretical examinations (November 2022) may apply for verification of their answer scripts to the Senior Administrative Officer (Examination) in prescribed format (attached herewith as Annexure-I) and submit the application to their own Institute latest by **17.03.2023**. Principal/Principal-in-Charge of the concerned Institutes have to send the details of the applications of the concerned students in Excel File format (as prescribed in Annexure-II) to the Council at <u>examcellwbsctvesd2022@gmail.com</u> latest by **18.03.2023**. No verification will be done after the stipulated time.

All concerned are advised to take note of the above.

DATE:

#### TO THE SENIOR ADMINISTRATIVE OFFICER WBSCT&VE&SD

Sub: Application for verification of answer scripts of external theoretical examinations held in November 2022

Sir,

I, Mr. /Ms\_\_\_\_\_\_, son/daughter of\_\_\_\_\_\_, student of

(Institute Name), am willing for verification of my answer scripts of the following subject(s) of external theoretical examination(s) held in November 2022.

SI No	Semester (2 <sup>nd</sup> /4 <sup>th</sup> )	Name of the Subject (with Qs code)	Registration No	Roll & Number		

#### :DECLARATION:

I do hereby declare that the above information furnished by me is true to the best of my knowledge and in case, if any of the furnished information is found to be false, my application will be cancelled by the Council without any prejudice.

Full Signature of Student: \_\_\_\_\_

FORWARED FOR KIND CONSIDERATION:

Signature & Seal of the Principal/PIC: \_\_\_\_\_

# ANNEXURE-II (MUST BE SENT IN EXCEL FILE FORMAT)

SI No	NAME OF THE STUDENT (IN BLOCK LETTER)	SEMESTER (2 <sup>ND</sup> /4 <sup>TH</sup> )	REGISTRATION NO.	ROLL	NUMBER	NAME OF THE SUBJECT	QUESION CODE	CODE OF CDC
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