



**Madhyamik /H.S (+2 Stage) Supplementary**

School Code: .....

Male/Female

**TRIPURA BOARD OF SECONDARY EDUCATION**

Application Form for appearing in the SUPPLEMENTARY EXAMINATION OF **Madhyamik/H.S (+2 Stage) Examination, 2019**

To  
The Secretary,  
Tripura Board of Secondary Education,  
P.O. Kunjaban, Agartala, Tripura.

Sir,  
I want your permission for applying in the Madhyamik/ H.S. (+2 stage) Supplementary Examination, 2019. I hereby declare that I will abide by all Rules, Regulation and bye-laws of the Board and the information given below are true.

- 1. Subject of Supplementary Examination :-.....
- 2. Name of the School :- .....
- 3. Name of the Student (In Block letter) :-.....
- 4. Registration Number :-.....
- 5. Roll Number in Madhyamik/H.S (+2Stage) Examination, 2019 :-.....  
**(Photocopy of Admit Card to be enclosed)**
- 6. Marks obtained in Madhyamik/ H.S. Examination, 2019.  
**(Photocopy of Mark sheet to be enclosed)**

Subject in Symbol	Marks Obtd.										

\_\_\_\_\_  
Signature of the student with Date

Certified that Examination fee of Rs..... has duly been remitted to the Board by the School under Challan No.....

\_\_\_\_\_  
**Signature of Head of Institution**  
**Seal of the School**

**NB: The Supplementary Examination fee is Rs 120/- (One hundred and twenty).**