



## SCRIBE FACILITY – REQUISITION

Application for availing the facility of a Scribe/Writer during Examinations due to permanent /temporary physical disability / learning disability

(To be submitted 2 weeks prior to the commencement of Examination)

I wish to avail the facility of a scribe/writer during the Examination as per the below mentioned details:

Candidate's Details		Scribe's Details	
Name		Name	
Register No		Age	
Name of the programme		Address	
Name of the College / Institute			
Academic Year		Qualification	
Year / Semester		Occupation	
Mobile No		Mobile No	
Category of Disability		E-mail id	

Signature of the Candidate

Signature of the Scribe

Signature of the HOI with remarks

Note: Enclose Medical Certificate from a Registered Medical Practitioner with seal stamp