

**APPLICATION FOR AVAILING SERVICE OF SCRIBE / EXTRA
TIME IN THE SEMESTER EXAMINATIONS
(to be submitted 7 days prior to the examination)**

1	Name of the Candidate (as in SSLC)	
2	Register Number of the Candidate	
3	Programme	
4	Semester	
5	Address for communication with PIN, phone number and email ID	
6	Details of disability	
7	Concessions required during semester examinations	
8	Name and address of scribe if any Educational Qualification (with proof - Identity card of the current academic year): _____ Address and Contact No	
9	Place: Date:	Signature of the Candidate
10	Verified by Vice Principal/HOD Signature	Endorsed by COE Signature

Enclosed: Medical Certificate from a Registered Medical Practitioner with rubber stamp