



**ST.TERESA'S COLLEGE, (AUTONOMOUS)  
ERNAKULAM**

**Affiliated to Mahatma Gandhi University, Kottayam**

**APPLICATION FOR AVAILING SERVICE OF SCRIBE/ EXTRA TIME IN THE  
END SEMESTER EXAMINATIONS**

1	Name of the candidate (as in SSLC)	
2	Name of the candidate ( as in Aadhar)	
3	Register Number of the candidate	
4	Name of the Department	
5	Programme	
6	Semester	
7	Address for Communication with PIN, phone Number & e-mail id	
8	Details of disability	
9	State whether Permanent disability or not	
10	Details of Disability Certificate produced (Give the date of expiry of the Certificate produced)	
11	Concessions required for End Semester Examinations	
12	Name, address and Qualification of scribe, if any	
Place : Date :		
		Signature of the Candidate :
Verified and Recommended		
Name &Signature of the HoD : Department:		

**Conditions for appointing scribes:**

1. Applicants for Special Concession should submit the Original Medical Certificate (Form VI, VII, VIII) as per the RPWD ACT 2016/ Unique Disability Identity Card/ Certificate for verification of Documents.
2. The person appointed as scribe shall not be an employee of the college where the examination is conducted.
3. She/he shall not be a relative of the candidates who is appearing for the examination.
4. The educational qualifications of the scribe shall be less than those of the candidate.
5. A Proforma with declaration in the format attached shall be obtained from the scribe.
6. Certificate / Lr. of undertaking vide Appendix I/ Appendix II as required shall be provided by the candidate.

**Attachments**

1. Proforma as per item 5 above.
  2. Appendix I & Appendix II as per item 6 above.
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**PROFORMA SHOWING DETAILS OF SCRIBE AT THE END SEMESTER  
EXAMINATIONS**

1. Name and Address of the scribe.
2. Age and Date of Birth (with copy of the relevant page of SSLC Book)
3. Details of course for which he /she is studying /studied
4. Educational Qualifications
5. Specimen Signature of the scribe
6. Two copies of the Passport size photograph of the scribe attested by the Principal of the college in which he / she is studying or by a Gazetted Officer, in the case of scribes not studying in the college at present.
7. Name and address of the candidate and the examination for which the candidate is appearing.
8. Centre of Examination & Register No. of the Candidate.

Affix attested  
recent passport  
size photo of  
scribe

**DECLARATION**

I hereby declare that the information furnished above is true and that I have not qualified/  
appeared for any examination other than those mentioned in clause (4) above.

Signature of the Scribe

Place :

Date :

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**Certificate regarding physical limitation in an examinee to write**

This is to certify that, I have examined Mr./Ms./Mrs. \_\_\_\_\_  
\_\_\_\_\_ (name of the candidate with disability), a  
person \_\_\_\_\_ with

\_\_\_\_\_ (nature and percentage of disability as mentioned in the  
certificate \_\_\_\_\_ of \_\_\_\_\_ disability), S/o/D/o  
\_\_\_\_\_ a resident of  
\_\_\_\_\_ (Village/ District/State) and to state that he/she  
has physical limitation which hampers his/her writing capabilities owing to  
his/her disability.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government  
health care institution

Name & Designation.

Name of Government Hospital/ Health Care Centre with Seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability  
(eg. Visual impairment- Ophthalmologist, Locomotor disability- Orthopaedic  
specialist/ PMR)

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**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_, a candidate with  
\_\_\_\_\_ (name of the disability)  
appearing for the \_\_\_\_\_ (name of the  
examination) bearing Roll No. \_\_\_\_\_ at  
\_\_\_\_\_ (name of the centre) in the District  
\_\_\_\_\_, \_\_\_\_\_ (name of the  
State). My qualification is \_\_\_\_\_.

I do hereby state that \_\_\_\_\_ (name  
of the scribe) will provide the service of scribe/ reader/ lab assistant for the  
undersigned for taking the aforesaid examination.

I do hereby undertake that his / her qualification is \_\_\_\_\_.  
In case, subsequently it is found that his/her qualification is not as declared by  
the undersigned and is beyond my qualification, I shall forfeit my right to the  
post and claims relating thereto.

(Signature of the candidate with Disability)

Place :

Date :

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