

**Application for availing the facility of a Scribe/Writer during Examinations  
due to Permanent /Temporary Physical Disability / Learning Disability  
(To be submitted 7 days prior to the commencement of Examination)**

For Office use:

To,  
The Centre Superintendent

<b>Approved by the Centre Superintendent</b>
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Dear Sir,

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

Name of the Applicant: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Name of the

Exam Centre: \_\_\_\_\_

Roll No. \_\_\_\_\_ Registration No. \_\_\_\_\_

**Details of Scribe being arranged by the undersigned:**

Name of the scribe: \_\_\_\_\_

Educational Qualification (self-attested proof and Identity card): \_\_\_\_\_

Address and Contact No.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yours faithfully,

\_\_\_\_\_

\_\_\_\_\_

Signature of the Student

Date

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