

**DOCUMENTS REQUIRED FOR AVAILING SCRIBE/COMPENSATORY TIME
FOR WRITING UNIVERSITY EXAMINATIONS**

1. Application form
2. Attested copy of Medical Board Certificate
3. Appendix III Certificate in original (except for the persons with Benchmark disabilities in the category of Blindness, Locomotor disability (both arm affected) and Cerebral Palsy)
4. Copy of Hall Ticket/Copy of Allotment Memo (for I Semester students)

**APPLICATION FOR AVAILING COMPENSATORY TIME/FACILITY OF SCRIBE
WITH COMPENSATORY TIME FOR WRITING UNIVERSITY EXAMINATIONS**

1.	Name of the Candidate	
2.	Name of the Department/Centre/College of Study and Name of the Programme	
3.	Date of Birth	
4.	Permanent address with mobile number	
5.	Examination for which the facility is sought (Name of the Programme, Semester/year and Month & Year to be mentioned)	
6.	Facility Requested for <ul style="list-style-type: none"> • Compensatory Time only • Scribe with Compensatory Time 	
7.	Details of disability on the basis of which above facility is required (as mentioned in the Certificate) Attested copy of certificate to be attached(for temporary disability validity of Medical Certificate is 5 years from the date of issue)	
8.	Nature of disability – whether permanent or temporary (as stated in the certificate)	
9.	Percentage of disability (as stated in the certificate)	
10.	Have you availed the facility of Compensatory time/Scribe with Compensatory time for any earlier University Examinations Yes/No	If yes furnish details(Name of Examinations, Session, year etc)
11.	Details of Medical Certificate enclosed along with this application	
	1.	
	2.	
	3.	
12.	Details of other certificates enclosed	
	1.	
	2.	
	3.	

I hereby certify that the particulars furnished above are true and correct to the best of my knowledge.

.....
 Name & signature of the applicant

Recommendation of the Head/Principal of the Institution
 (State whether recommended or not)

.....
 Signature with seal of Principal/Head of the Department/Director SDE

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).

DETAILS OF SCRIBE APPOINTED TO DIFFERENTLY ABLED CANDIDATE AT UNIVERSITY EXAMINATIONS. TO BE SUBMITTED TO THE CONTROLLER OF EXAMINATIONS BY THE CHIEF SUPERINTENDENT

1.	Name of Examination Centre	
2.	Details of Examination for which facility of scribe used(Semester/year, name of the Programme/month & year)	
3.	Name of the Candidate with Register Number	
4.	Date of birth of the candidate	
5.	Reference number and date of the University Communication permitting scribe	
6.	Name of the Scribe appointed	
7.	Age & Date of Birth of the Scribe	
8.	Address of the Scribe appointed	
9.	Educational Qualifications of the scribe	
10.	Whether compensatory time also permitted by the University	

Signature

Name and address of the Invigilator

Signature

Name and address of the Chief Superintendent