ANNAMALAI UNIVERSITY

Examination – Affiliated Colleges

Date:

	Place:
SCRIBE REQUEST / PERMISSION FORM	
From	
	N
	•
Respected sir,	
Sub: Request for availing of scribe – Regarding	
* * *	
I am a physically challenged candidate and cannot write examination on my	own. I request you kindly perm
me to appear for the examination with a Scribe in the ensuing May/December 20	
details are furnished below.	
as and administration of the control	
Candidate Name:	
Phone Number:	Self
Course:	attested
Register Number:	recent
	photo of
College Code:	candidate
College Name:	
Yo	urs faithfully,
(Candidate's Sig	nature/Thumb Impression)
	*
Encl: Xerox copy certificate regarding disability with attestation by Government D	Octor
	,0001.
For office use only:	, e
COE/Affi./	

With a request to arrange for a Scribe for the abovementioned candidate, The Bio-Data of the scribe may be sent back along to me along with the attendance particulars.

Forward to the Chief Superintendent, ____

Controller of Examinations

Self

TO BE FILLED IN BY THE CHIEF SUPERINTENDENT

Bio Data of Scribe

Name of the Scribe

Address			attested photo of scribe	e F
			e ⁿ	
Educational Qualification :		*		
	i) ii)			
	iii)	*		
Xerox copy of the qualifications :				
	i)			

ii)

Sl. No.	Date	Session	Sub Code	Subject	Signature of Scribe (my educational qualification doesn't match with that of the candidate)
1.	5				
2.	7.		×		
3.			3		
4.		, 4			
5.			7,		
6.			-	,	
7.	-				
8.					

I verified all the documents personally and all are found to be correct. The educational background doesn't match between the candidate and the respective scribe allotted.

Signature of Principal/Chief Superintendent with seal

^{*}Model Copy for more copies please take Xerox of this format & attach*

(EXAMINATIONS – AFFILIATED COLLEGES)

SCRIBE FORM

Sl.	Date	Paper	Student Name	Enrolment No.	Register No.	Scribe Name	Amount	Signature	
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Total:						,			
Received the sum of Rs(Rupees) in total and full settlement of all scribe candidates remuneration has been paid by me from the university									
authorities.									

Date:

Signature

Certificate by

Signature Chief Superintendent with Seal