

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)

To,
The Controller of Examination
Akkineni Nageswara Rao College
Gudivada.

Dear Sir,

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

Name of the Student: _____ Mobile No.: _____

Name of the Department: _____

Roll No. _____ Regd. No.: _____

Academic Year: _____ Semester: _____

Details of Scribe being arranged by the undersigned

Name of the scribe: _____

Educational Qualification (with proof - Identity card of the current academic year): _____

Address and Contact No.: _____

Yours faithfully,

Signature of the Student

Date

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

For Office use:

Examined by:-

Principal/Director

Additional Controller of Examinations

Approved by

Controller of Examinations