



## APPLICATION FOR AVAILING SCRIBE

SF 1/3

(Through Dept. Chairperson)

Date:

To,

Registrar (Evaluation)

Sharnbasva University, Kalaburagi

Dear Sir /Madam,

I hereby request you to grant me the facility of scribe (writer) for writing the SEE based on the particulars furnished below:

01	Name of the Student (CAPITAL LETTERS as on Grade Card)	
02	Father's Name	
03	Programme & Branch	
04	USN	
05	ABC / NAD ID	
06	Phone Number	
07	Email ID	
08	Facility requested for <i>(Please specify)</i>	
	a. Extra Time	
	b. Scribe	
	c. Scribe with extra time	
09	<b>Session and year of Examination</b> for which extra time /scribe / scribe with extra time is sought	
10	Details of disability/ injury on the basis of which above facility is required	
11	Nature of Disability /Injury (Enclose Certificate)	Permanent / Temporary
12	Duration of disability affecting writing or other ability:	
13	Name of the Scribe (Enclose biodata):	
14	Aadhar No. of the Scribe:	

I hereby certify that the particulars mentioned in this application are true and correct to the best of my knowledge. The scribe I have chosen to write the exam is not a close relative, nor are we blood-related.

Seal & Signature of the Chairperson

Signature of the Candidate with Date

Name of the Chairperson \_\_\_\_\_

**Note:**

1. This form should be printed back-to-back only.

**Enclosures:**

1. Candidates are advised to enclose attested copy(ies) of certificate of disability.
2. Original medical certificate.
3. Copy of the Admit Card
4. Biodata of the scribe (SF 2/3)
5. Scribe Authentication Form (SF 3/3)