

AUTHENTICATION OF THE SCRIBE*(Through Dept. Chairperson)*

Date:

To,

Chief Superintendent

SEE

Sharnbasva University, Kalaburagi

Student Name:**USN:**

Affix full length photograph
of the student and attested
by the Chairperson

Affix passport size colour
photograph of
the scribe without headgear/cap. Attested
by the Chairperson.

Scribe Name:**Aadhar No.**Facility requested for *(Please specify)*

Extra Time

Scribe

Scribe with extra time

Seal & Signature of the Chairperson

Signature of the Candidate with Date

Name of the Chairperson _____

REGISTRAR (Evaluation)