



*(For Office Use)*  
Application No.  
Received on:

**Application for Concession(s) in the Examination for the Differently Abled Candidates**  
(Scribe / Extra Time / Grace Mark)

<b>1</b>	<b>Name of the Candidate (In capital letters)</b>	
<b>2</b>	<b>Admission Number</b>	
<b>3</b>	<b>Name of the Programme (with Semester)</b>	
<b>4</b>	<b>Permanent Register Number</b>	
<b>5</b>	<b>Address for Communication (In capital letters)</b>	<b>Contact No:</b> _____ <b>Email:</b> _____
<b>6</b>	<b>Name of Father/Mother/Guardian with Mobile No.</b>	
<b>7</b>	<b>Details of Disability with Percentage (Attach copy of the medical certificate)</b>	
<b>8</b>	<b>Concession(s) Claimed</b>	<input type="checkbox"/> Scribe <input type="checkbox"/> Extra Time <input type="checkbox"/> Grace Mark <input type="checkbox"/> Others (Specify) ... ..
<b>9</b>	<b>Name and Address of the scribe</b>	

**Place:**

**Date :**

**Signature of HoD/Tutor**

**Name and Signature of the Candidate**

*(For Office Use)*

**Date :**

**Signature of the Principal**

*(For Office Use)*

**Verified and approved the following concessions.**

- |  |  |
|--|--|
| <input type="checkbox"/> Scribe            | <input type="checkbox"/> Grace Mark ... .. |
| <input type="checkbox"/> Extra Time ... .. | <input type="checkbox"/> ... ..            |

**Section Clerk:**

**Supdt./H.A. :**

**Date :**

**(Seal)**

**Signature of the Controller of Examinations**

## Details of the Scribe

1	Name of the Scribe (in capital letters)		Affix recent passport size photo of scribe
2	Address for Communication (in capital letters)	Contact No: Email:	
3	Age & Date of Birth		
4	Aadhaar Number of the Scribe		
5	Name of Programme, Year and Institution in which the scribe is studying/studied		
6	Highest Educational Qualification of the Scribe		
7	Name of the Candidate		
8	Name of the Examination with Semester		
9	Register Number of the Candidate		

### Declaration

I hereby declare the following:

- a) I am not an employee of Maharajas College, Ernakulam.
- b) I am not a relative of the candidate mentioned in item No. 7 above.
- c) I have not qualified or appeared for any examination equal to or higher than those mentioned in item No 8 above.

Place:

Date :

Name and Signature of the Scribe

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### Documents to be submitted:

- i. Duly filled in Application form (all pages).
- ii. Copy of the relevant medical certificate **of the candidate**.
- iii. Copy of the SSLC certificate or any other certificate (like Aadhaar) to prove the age and identity **of the scribe**.
- iv. A passport size photographs **of the scribe** should be affixed at the spaces provided.



Maharaja's College, Ernakulam  
(A Government Autonomous College)

(For Office Use)

Certificate No.  
Issued on:

### Identity Certificate of the Scribe

1	Name of the Scribe (in capital letters)		Affix passport size photo of the scribe (Not to be attested)
2	Address of the Scribe		
3	Age & Date of Birth of the Scribe		
4	Name of the Candidate		
5	Programme		
6	Year of study	First year/Second year/Third year/Not a regular student Semester:.....(Supplementary Candidates)	
7	Register Number of the Candidate		

The person whose photograph is attested above is permitted to be a scribe for the above candidate in the end semester examinations (*odd & even semester*) of the academic year ... ..  
... ..

Date :

(Seal)

Signature of the Controller of Examinations

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Scribe should produce a photo affixed Identity Proof in original in the Examination Hall. Eg: Voters ID, Aadhaar, Driving License, ID card issued by School/ College / Institutions concerned etc.

**Declaration by the Scribe**

I, ..... (Name) may be permitted to be the Scribe/Interpreter for ..... (Name & Reg. No. of the Candidate), for the UG/PG .....(Name of Programme) ..... (Semester) Regular/Improvement/Supplementary/SAY Examination on .....(Date of Examination).

I declare that I fulfill all the conditions for being a Scribe/Interpreter as prescribed by the college and the Mahatma Gandhi University, Kottayam.

**Place:**

**Date :**

**Name and Signature of the Scribe**

(To be handed over the to the invigilator on all days of examination)

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**Declaration by the Scribe**

I, ..... (Name) may be permitted to be the Scribe/Interpreter for ..... (Name & Reg. No. of the Candidate), for the UG/PG .....(Name of Programme) ..... (Semester) Regular/Improvement/Supplementary/SAY Examination on .....(Date of Examination).

I declare that I fulfill all the conditions for being a Scribe/Interpreter as prescribed by the college and the Mahatma Gandhi University, Kottayam.

**Place:**

**Date :**

**Name and Signature of the Scribe**

(To be handed over the to the invigilator on all days of examination)

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