



**APPLICATION FOR AVAILING EXTRA-TIME / THE FACILITY OF A SCRIBE**

**To**

The Controller of Examinations,  
Nandha Arts and Science College (Autonomous),  
Erode-52.

**Date:**

**Respected Sir,**

**Sub:** Request to avail Extra-Time/the facility of a Scribe for Examination(s) – reg.

I, kindly request you to grant for Extra-Time/the facility of scribe (writer) to write the forthcoming examination(s) based on the particulars furnished below:

**I. Details of the Candidate:**

1.	Register Number	
2.	Name of the Candidate	
3.	Class with Section	
4.	Type of the Examinations (Tick the relevant)	<b>CIA / Model / ESE</b> : <b>Practical / Theory</b>
5.	Month and Year of Examinations	
6.	Facility requested for	<b>Extra-Time</b> <input type="checkbox"/> <b>Scribe</b> <input type="checkbox"/>
7.	Nature of Physical disability	
8.	Amount to be paid (only scribe) for each paper <b>Rs.250/-</b>	<b>Rs.</b> <b>Date:</b> <b>Trans. ID:</b>

**II. Details of the Examination for which the Extra-Time/Scribe is needed.**

<b>S.No</b>	<b>Date</b>	<b>Session</b>	<b>Course Code</b>	<b>Title of the Course</b>

**Declaration**

I, hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief. I, kindly request you to provide the necessary arrangements to complete the above mentioned examination(s) as per the norms. Kindly do the needful.

Thanking you,

\_\_\_\_\_  
**SIGNATURE OF THE CANDIDATE**

\_\_\_\_\_  
**SIGNATURE OF THE HOD**

\_\_\_\_\_  
**SIGNATURE OF THE PRINCIPAL**

\_\_\_\_\_  
**SIGNATURE OF THE COE**

**Enclosed:**

1. Copy of Disability/Medical Certificate
2. Copy of Timetable of Examinations
3. Attach the Fee Receipt