Appendix I

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 Examinations,
NIMIT (Autonomous) Koratty East,
Thrissur – 680308

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 :

Name of the Department:

Name of the Programme:

Batch and Register Number:

Academic Year :

Semester :

Yours faithfully

Signature of the Student with date

Enclosed: Medical certificate from a Registered Medical Practitioner, specialist of the relevant stream/disability, with Signature and Seal (Appendix II)

APPENDIX-II

Certificate regarding physical limitation in an examinee to write

This is to certify, I have examined Mr. /Ms./Mrs.....(name of the candidate with disability), a person with …… (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o…….. a resident of.....(Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution

Name & Designation Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (eg.Visual impairment – Ophthalmologist, Locomotor disability- Orthopaedic specialist /PMR)

APPENDIX III

Letter of Undertaking for Using Own Scribe

I ……., a candidate with ……..(name of the disability) appearing for the ……..(name of the examination) bearing Reg No. ……at ……..(name of the centre) in the District ……..(name of the State). My qualification is ……

I do hereby state that ……(name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is ..... to case, subsequently it is found that his/her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the examination and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date: