

# SITALKUCHI COLLEGE

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## APPLICATION FORM FOR AVAILING SCRIBE AND/OR COMPENSATORY TIME

(For Persons with Disability - PWD Candidates)

### A. CANDIDATE'S DETAILS

Examination: UG CBCS \_\_ Semester Examination, 2025

Course: \_\_\_\_\_

Subject: \_\_\_\_\_

1. Name of the Candidate: \_\_\_\_\_

2. University Registration No.: \_\_\_\_\_

3. University Roll No : \_\_\_\_\_

4. PWD Category (✓): ☐ Blind/Low Vision ☐ Locomotor Disability (Upper Limbs) ☐ Dyslexia  
☐ Autism ☐ Others (Specify): \_\_\_\_\_

5. Nature of Disability: \_\_\_\_\_

6. Percentage of Disability: \_\_\_\_\_ % (Enclose valid certificate)

7. Requirement (✓): ☐ Scribe ☐ Compensatory Time ☐ Both

### B. SCRIBE(S) DETAILS

(Candidate may provide details of up to 3 scribes. Only one will be approved based on availability and need.)

#### 1. Option 1 – Scribe Details

Name of the Scribe: \_\_\_\_\_

Father's/Mother's Name: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Age: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

#### 2. Option 2 – Scribe Details

Name of the Scribe: \_\_\_\_\_

Father's/Mother's Name: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Age: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

### 3. Option 3 – Scribe Details

Name of the Scribe: \_\_\_\_\_

Father's/Mother's Name: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Age: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

### C. DECLARATION

#### By the Candidate:

I hereby declare that the information furnished above is true to the best of my knowledge. I request the College authority to allow me to use the service of the above-mentioned scribe and/or avail compensatory time for the said examination. I also undertake that if any information is found to be false or misleading, my examination may be cancelled and legal action may be initiated.

Date: \_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_

#### By the Scribes:

We declare that the information mentioned above is true. Our educational qualifications are as mentioned and we agree to act as scribe if selected. We understand that any false declaration may lead to legal action.

Scribe Name

Signature

Date

### D. DOCUMENTS TO BE ENCLOSED

☐ Disability Certificate (Attested Copy)

☐ Educational Qualification Proof of each Scribe (Attested Copy)

☐ Identity Proof of Candidate

☐ Identity Proof of all Scribes

☐ Passport Size Photograph of Candidate and All Scribes

Verified and Forwarded by:

Signature of Principal / Teacher-in-Charge  
with Official Seal & Date: \_\_\_\_\_