



K.L.N. COLLEGE OF ENGINEERING, POTTAPALAYAM – 630 612
(An Autonomous Institution Affiliated to Anna University, Chennai)

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Date: _____

REQUISITION FOR SCRIBE APPOINTMENT – END SEMESTER EXAMINATIONS

1.	Name of the student (in CAPTIAL Letters)	
2.	Register Number	
3.	Degree and Branch	
4.	Semester No.	
5.	Month & Year of End Semester Examinations	NOV. / APR. 20_____
6.	Reason for Scribe requisition	
7.	Certificate from Specialist (As given in ANNEXURE – I)	Original Enclosed YES / NO

8. Details of Courses Registered

<i>Sl. No.</i>	<i>Course Code</i>	<i>Title of the Course</i>
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

9.	Fee for Scribe Remuneration (Rs. 500/- per Course)	Rs. _____ /- (Rupees _____)
10.	Fee Receipt	Original enclosed YES / NO

Signature of the Student with date

Recommended and Forwarded

Signature of class coordinator with date

Head of the Department / Director

Verified and Forwarded

Approved / Not Approved

Head / Academics

PRINCIPAL

ANNEXURE - I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr. / Ms. / Mrs.
_____ (Name of the Candidate with disability), a person with
_____ (Nature and percentage
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 and 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)