## KURUKSHETRA UNIVERSITY KURUKSHETRA

(Established by the State Legislature Act XII of 1956) ('A+' Grade NAAC Accredited)

## APPLICATION FORM FOR APPOINTMENT OF SCRIBE FOR DIVYANG CANDIDATES (To be submitted to the Director/ Chairperson/ Principal concerned)

| 1.  | Name of the Candidate   |                           |  |
|-----|---|---------------------------|--|
| 2.  | Father's Name: Sh.  |                           |  |
|     |   | Affix Self                |  |
| 3.  | Class/SemesterRoll No   | attested Passport         |  |
| 4.  | Centre of Examination   | Size Photograph of Scribe |  |
| 5.  | Dates of Examination on which the scribe is required:   | or serioc                 |  |
| 6.  | Address of the candidate  |                           |  |
|     | Mobile NoE-mail ID:   |                           |  |
| 7.  | Whether required Compensatory Time (Yes/No)   |                           |  |
| 8.  | Reason for need of Scribe   |                           |  |
| 9.  | Name of the Scribe.   |                           |  |
| 10. | Father's Name of the Scribe   |                           |  |
| 11. | Address of Scribe   |                           |  |
| 11. | Address of Serioc   |                           |  |
| 10  | Educational qualification of the Scribe: -  |                           |  |
| 12. |   |                           |  |
|     | Last examination passed   |                           |  |
|     | Roll No   |                           |  |
| 13. | Name and Address of authority issuing Medical Certificate: -  |                           |  |
|     |   |                           |  |
|     |   |                           |  |
|     |   |                           |  |
|     | Signature/Thumb Impression of the Scribe Signature/Thumb Impression                                       | of the Candidate.         |  |
|     | (FOR OFFICE USE)  |                           |  |
|     | 1. Certify that Mr./Ms./Mrs. is a regular/re-appear/ex-student of this college.                           |                           |  |
|     | 2. Whether the Medical Certificate has been issued by the C.M.O/Civil Surgeo                              | on/                       |  |
|     | Medical Superintendent of a Government Hospital:  | Yes/No                    |  |
|     | 3. Whether the Admit Card has been issued to the candidate by the University                              | : Yes/No                  |  |
|     | 4. Whether the scribe has attached his/her ID Proof.  | Yes/No                    |  |
|     | 5. Whether Mr./Ms./Mrs./. is eligible to become scribe  | ** **                     |  |
|     | as per University Rules.  Whether the application forms is complete in all respects and all the supports. | Yes/No                    |  |
|     | 6. Whether the application form is complete in all respects and all the support documents are attached:   | ing<br>Yes/No             |  |
|     | 7. Scribe is Allowed or Not Allowed to the candidate.   | 1 65/110                  |  |
|     | being is this near of the this weather the candidate.   |                           |  |

Signature of Director/Chairman/Principal With Office Seal

## RULES/INSTRUCTIONS FOR APPOINTMENT OF SCRIBE

- 1. The qualification of the Scribe should be one step below the qualification of the candidate taking examination. However, in case of blind candidates, the qualification or other such restrictions for the Scribe should not be fixed.
- 2. Application for Scribe should reach the Director/Chairperson/Principal well in time before the commencement of examinations.
- 3. Candidate may be allowed to commit change in scribe in case of emergency. The candidate should be allowed to take different Scribes for writing different papers especially for languages.
- 4. The disability certificate issued by the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution at any place will be accepted.
- 5. Compensatory time should not be less than 20 minutes per hour of examination for persons who are making use of scribe.
- 6. The candidates along with scribe will be required to reach at least 30 min. before the commencement of examination to avoid any difficulties.

## **DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM**

- 1. Copy of Medical Certificate from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution, clearly mentioning the nature of Physical disability that he/she is unable to write and needs help of writer.
- 2. Admit Card & Date-sheet of the examination of Candidate.
- 3. Attested copy of DMC of last qualified examination of the Scribe.
- 4. ID Proof of the Scribe.