



Application for Availing Extra Time / Facility of a Scribe

To: The Controller of Examinations (CoE),
A.V.P College Arts and Science (Co-Education) (Autonomous),
Tirupur.

Sub : Request for extra time and / or the facility of a scribe (writer) for the ensuing examinations due to physical disability.

A. Details of the Candidate:

1. Register Number	
2. Name of the Candidate (in Block Letters)	
3. Degree	
4. Current Semester / Year	
5. Contact Number	
6. Email ID	
7. Examination Month and Year	
8. Examination Type (Tick whichever needed)	<input type="checkbox"/> CIA (Continuous Internal Assessment) <input type="checkbox"/> End Semester Theory Examination <input type="checkbox"/> End Semester Practical Examination <input type="checkbox"/> Supplementary Examination
9. Facility Requested (Tick whichever needed)	<input type="checkbox"/> Extra Time Only <input type="checkbox"/> Facility of a Scribe Only (Writer) <input type="checkbox"/> Both Extra Time and Scribe

B. Nature and Details of Physical Disability

- Nature of Disability : _____
- Percentage of Disability : _____ %
- Issuing Authority for Disability Certificate:
(Attach a photocopy of the valid certificate)

C. Details of Examinations for which Accommodation is Needed

List the specific subjects/papers for which the accommodation is required for the current examination session.

S. No.	Date and Session of Examination	Course Code	Title of the Course
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Declaration and Undertaking

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that any false information will lead to the cancellation of the requested facility. I further agree to abide by all the rules and regulations regarding the provision of special accommodations as defined by the Controller of Examinations Office.

Date:

Signature of the Candidate:

Signature of Parent / Guardian:

Department Recommendation

Recommended / not recommended

Signature of the Head of the Department

Signature of the Principal

Office Use (For Scribe Only)

Fee Payment Details

Amount in Rs.

Receipt No. with date