Application No:

COEP Technological University Pune

(A Unitary Public University of Govt. of Maharashtra)

APPLICATION FORM FOR AVAILING THE FACILITY OF A SCRIBE (WRITER) DURING UNIVERSITY EXAMINATIONS

To,
The Director,
Board of Examinations and Evaluations,
COEP Technological University, Pune.

Subject: Application for availing the facility of a scribe during university examinations

Dear Sir/Madam,

I, Mr./Mrs./Ms._____ , a student with _____(name of the disability), am pursuing an Engineering/ Other Programme at COEP Technological University, Pune – 411 005.

I hereby apply for availing the facility of scribe during university examinations_____ (Month/Year).

My details regarding the same are as follows:

1. PRN / UCMS Number: _____
2. UG/PG/PhD :_____
3. Current Semester of the Applicant: I / II / III / IV / V / VI / VII / VIII
4. Branch / Department: _____
5. Year and Semester: _____
6. Academic Year: _____
7. Mobile Number: _____
8. Email ID: _____

Disability Details:

1. Nature / Category of Disability: _____
2. Percentage of Disability (if applicable): _____
3. Disability Certificate / UDID Number: _____
4. Issuing Authority: _____
5. Validity of Certificate: _____
6. Specify the functional limitation that prevents you from writing the examination independently:

   _____

   _____

7. Whether a scribe facility has been availed in previous examinations? Yes / No
   If yes, provide details: _____

I hereby request permission to avail the facility of a scribe (writer) for the University examination due to my disability/ functional limitation affecting my ability to write the examination independently.

I hereby declare that:

1. The information furnished above is true and correct to the best of my knowledge.
2. The scribe facility is being requested solely because of my disability / functional limitation affecting my ability to write the examination.
3. The scribe shall write the answers strictly as dictated by me and shall not force/compel the scribe to provide any explanation, interpretation, suggestion or assistance in answering the questions.
4. I shall follow all the instructions and examination rules prescribed by the University.
5. I understand that any misuse of the facility or submission of false information may invite disciplinary action as per University rules.

Place: _____
Date: _____
Signature of Student: _____
Name: _____

DOCUMENTS TO BE ATTACHED

The student shall submit self-attested copies of the applicable documents:

1. ☐ Disability Certificate issued by the competent authority / UDID Card.
2. ☐ Medical certificate from the competent medical authority, wherever required, specifically certifying the limitation in writing and the necessity of a scribe.
3. ☐ Recent photograph of the student.
4. ☐ Identity proof of the student.
5. ☐ Any other relevant supporting document.

EXAMINATION SCRUTINY SECTION	
Supporting documents Verified: Yes / No	
Compensatory time applicable (20 Mins extra per hour): Yes / No	
Scribe details:	
Scribe Name:	Scribe Qualification:
Scribe Institution / Occupation:	Scribe Mobile Number:

The application submitted by the student has been examined with reference to the supporting documents and applicable Government of India guidelines under the Rights of Persons with Disabilities Act, 2016.

Exam. Section Officer Name & Sign: _____
Date: _____

APPROVED / NOT APPROVED

Director
Board of Examinations and Evaluation,
COEP Technological University, Pune

Date: _____ Exam Seal/Stamp: