

## SREE BUDDHA COLLEGE OF ENGINEERING, PATTOOR AUTONOMOUS

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## APPLICATION FORM FOR AVAILING THE SERVICE OF SCRIBE

| 1     | Name of the Candidate (in Capital Letters)   |                  |
|-------|--|------------------|
| 2     | Register Number  |                  |
| 3     | Name of the Examination  |                  |
| 4     | Branch & Semester  |                  |
| 5     | Particulars of Attachments (Original Copies of Medical Certificates to be Attached along with the Application form)  |                  |
| 6     | Course/s for which the service of scribe is requested  |                  |
|       | Name of the Course   | Course Code      |
| i     |  |                  |
| ii    | IQQ NG,  |                  |
| iii   | PAT  |                  |
| iv    | EEE 1103   |                  |
| ν     | TITO NO MOS  |                  |
| vi    | By Retablished in 2002   |                  |
| vii   |  |                  |
| viii  |  |                  |
|       | DECLARATION  be by declare that the information furnished above is true and correct to the best of the derstand that the scribe will assist with writing the examination but will not in | ·                |
| Place | ers in anyway.   |                  |
| Date  |  | of the Candidate |
|       | For office use only  |                  |
| Appr  | oved by the Principal:   |                  |



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| 1           | Name and Address of the Scribe with Contact Number (in Capital letters)  |  |  |
|-------------|--|--|--|
| 2           | Date of Birth  |  |  |
| 3           | Gender   |  |  |
| 4           | Aadhaar Number (Attach Self Attested copy of Aadhaar)  |  |  |
| 5           | Details of Educational Qualifications/ Examinations Appeared:  |  |  |
| 6           | Name and Register No. of the Student for whom the Scribe is Appearing  |  |  |
| 7           | Specimen Signature of the Scribe  Retablished in 2002  |  |  |
| DECLARATION |  |  |  |
| Exami       | agree to act as a scribe for the above mentioned candidate during the nations. I understand my responsibilities and declare that I meet the eligibility criteria specified in the nation regulations of the institution. |  |  |
| Place:      |  |  |  |
| Date:       | Signature of the Scribe  |  |  |
|             |  |  |  |
| Appro       | ved by the Controller of Examinations:   |  |  |