



**Application for availing the facility of a Scribe/Writer during Examinations  
due to Permanent/Temporary Physical Disability / Learning Disability  
(To be submitted 7 days prior to the commencement of Examination)**

**For Office use:**

To,  
The Controller of Examination  
SVKM's NMIMS (Deemed-to-be University)  
Vile Parle (W), Mumbai 400056

Approved by (Exam. Dept)

Dear Sir,

I wish to avail the facility of a Scribe/Writer during the Examination as per the below mentioned details:

Name of the Student: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Name of the School: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Roll No. \_\_\_\_\_ Student No.: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Trimester. /Semester: \_\_\_\_\_

**Details of Scribe being arranged by the undersigned**

Name of the scribe: \_\_\_\_\_

Educational Qualification (with proof - Identity card of the current academic year): \_\_\_\_\_

Address and Contact No.: \_\_\_\_\_

\_\_\_\_\_

Yours faithfully,

\_\_\_\_\_

**Signature of the Student**

\_\_\_\_\_

**Date**

**Enclosed:** Medical Certificate from a Registered Medical Practitioner with rubber stamp