

**VINAYAKA MISSION'S RESEARCH FOUNDATION,
SALEM
Scribe Facility – Requisition**

Application for availing the facility of a Scribe/Writer during Examinations due to permanent /temporary physical disability / learning disability (To be submitted 2 weeks prior to the commencement of Examination)

To

The Controller of Examinations
VMRF – DU,Salem.

Dear Madam / 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 Institute:

Name of Program: _____ Regd
No.: _____

Academic Year: _____ Year /Semester: _____

Details of scribe being arranged by the undersigned

Name of the scribe: _____

Educational Qualification of the scribe (with proof - Identity card): _____

Address _____

_____ Mobile number _____

Signature of the Student

Yours faithfully,
Signature of the

Signature of the HOI with remarks

Note:Enclose Medical Certificate from a Registered Medical Practitioner with seal stamp