KS RANGASAMY
College of Arts and Science

An Autonomous Institutions
Affiliated to Periyar University, Salem
Approved by AICTE, New Delhi
Accredited by NAAC with 'A' Grade
Recognized with 2(f) & 12(B) Status by UGC

REQUEST LETTER FOR SCRIBE / EXTRA TIME / SPECIAL PERMISSION

Date:

Name of the Candidate (as in SSLC) :

Register Number :

Name of Department :

Programme :

Semester & Year :

Respected Sir/Mam,

Sub.: Requirement of SCRIBE / EXTRA TIME / SPECIAL PERMISSION

I am a candidate _____ (Reason).

I would like to use the service of a **SCRIBE / EXTRA TIME / SPECIAL PERMISSION** for **WRITING** during **END SEMESTER THEORY** examinations. I request you to provide the necessary arrangements to complete the paper as per the college norms. Kindly do the needful.

Thanking you,

_____ _____

Signature of the Candidate **Signature of the HOD with seal**

Approved by:

_____ _____

Signature of the COE **Signature of the Principal**

Office Use Only

No. of Courses Required for the Scribe :
Amount in Rs. Per Course :
Total Amount in Rs. :
Date of Payment Received :

Authorized Signature

Enclosed

I. Copy of Disability Certificate and Timetable of Examinations.
II. Bonafide of the Scribe and Xerox copy of ID Card
III. Payment Bank Challan