

## Scribe Requisition Form

### Student's Details

Name:

Enrolment Number:

Name of the Program:

Name of the Institute:

Centre Code:

Category of disability (tick): LV or VI / Loco motor / CP / Others (please specify & attach disability ID/certificate/proof)

Adhaar No:

(please attach adhaar copy also)

### Scribe's Details

Name:

Age:

Address:

Qualification:

Occupation:

Phone No.:

E-mail:

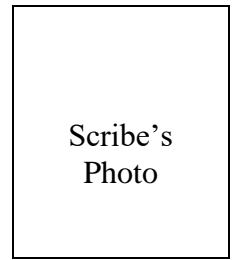
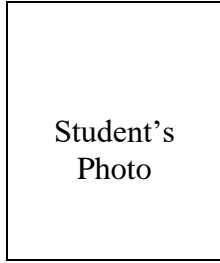


Scribe's  
Photo

Office Seal

Sign and Name of the  
Course Coordinator/HOI

# Scribe Approval Form



This is to certify that \_\_\_\_\_ is having difficulty in writing the \_\_\_\_\_ (month) \_\_\_\_\_ (year) examination which is conducted at \_\_\_\_\_ (Centre name), \_\_\_\_\_ (Centre code), due to \_\_\_\_\_ (reason). On the basis of requisition made by the Head of the Institute/Course Coordinator, NIEPMD-NBER hereby proposes a Scribe \_\_\_\_\_ (Name) \_\_\_\_\_ (address) for the \_\_\_\_\_ (month) \_\_\_\_\_ (year) examination.

Director  
NIEPMD