



**OFFICE OF THE CONTROLLER OF  
EXAMINATIONS ST JOSEPH'S COLLEGE  
(AUTONOMOUS)  
IRINJALAKUDA-680121  
(Affiliated to Calicut University)**

**No: EX-23 E/UG&PG/ II SEM 2023-425**

**Dated: 26<sup>th</sup> May, 2023**

**NOTIFICATION**

Students who are eligible for concession in the forth coming examinations commencing from 7<sup>th</sup> June&19<sup>th</sup> June onwards (Physically/Mentally Challenged) are directed to submit application in the prescribed format (Appendix I) in the Controller's Office on or before 3<sup>rd</sup> June 2023. The disability certificate (Appendix II) issued by the competent authority should be submitted along with the application form. A letter of undertaking (Appendix III) should be submitted by the candidates who are using own scribe.

**Sd/-**

Controller of Examinations  
St Joseph's College (Autonomous) Irinjalakuda

Copy to:

1. The Principal, St. Josephs College (Autonomous), Irinjalakuda
2. Heads of all Departments
3. College Office
4. Enquiry

## Appendix I

### **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)

To

The Controller of Examinations,  
St. Joseph's College (Autonomous)  
Irinjalakuda, Thrissur - 680121

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 :

Name of the Department :

Name of the Programme :

Batch and Register Number :

Academic Year :

Semester :

Yours faithfully

Signature of the Student with date

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Enclosed: Medical certificate from a Registered Medical Practitioner, specialist of the relevant stream/ disability, with Signature and Seal (Appendix II)

## APPENDIX-II

### Certificate regarding physical limitation in an examinee to write

This is to certify, I have examined Mr/Ms/Mrs ..... (name of the candidate with disability), a person with .....(nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o..... a resident of ..... (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a  
Government health care institution

Name & Designation Name of Government Hospital/Health Care Centre  
with Seal

Place:

Date:

#### **Note:**

Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment - Ophthalmologist, Locomotor disability- Orthopaedic specialist /PMR)

**Letter of Undertaking for Using Own Scribe**

I ....., a candidate with .....(name of the disability) appearing for the .....(name of the examination) bearing Reg No. ....at .....(name of the centre) in the District .....(name of the State). My qualification is .....

I do hereby state that .....(name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is ..... to case, subsequently it is found that his/her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the examination and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date: