

**REQUEST FOR SCRIBE (AMANUENSIS) BY PERONS WITH <40%  
DISABILITY AND HAVING DIFFICULTY IN WRITING**

To  
The Head,  
Department of Biosciences and Bioengineering  
Indian Institute of Technology Bombay

Dear sir,

I declare that I am a person with <40% disability but have difficulty in writing; this difficulty warrants the use of a scribe. I hereby request your permission to use the services of a scribe.

If it is found at any time in future that the above declaration by me is false,

- I shall be excluded from the process of evaluation
- If I have already been evaluated. my evaluation will be cancelled

Full name in block letters	
Academic program	MSc / MTech / PhD / Other: <i>specify</i>
Year / Semester	1 <sup>st</sup> year / 2 <sup>nd</sup> year                      July / January / Summer semester
Roll number	
IITB LDAP id	
<b>Details of the exam(s) for which services of scribe are being requested</b>	
Course code and name	
Name(s) of the Instructor(s)	
Exam type	Quiz / Mid-semester exam / End-semester exam / Others: <i>specify</i>
Date, time, venue	
Compensatory time (20 min per hour, pro rata)	Required / Not required
Disability certificate in specified format	Enclosed / Not enclosed
Signature with date	

## CERTIFICATE

### for person<sup>¶</sup> having less than 40% disability but have difficulty in writing

<sup>¶</sup> Person with specified disability covered under Section 2(s) of the Rights of Persons with Disabilities (RPWD) act, 2016 but not covered under Section 2(r) of the said act.

1. This is to certify that we have examined

Mr. / Ms. (name of the candidate) \_\_\_\_\_

Son / daughter of (name of the father / mother) \_\_\_\_\_

a resident of (address) \_\_\_\_\_

\_\_\_\_\_

aged \_\_\_\_\_ years, a person with (mention the nature of disability) \_\_\_\_\_

\_\_\_\_\_

and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive devices such as prosthetics and orthotics, hearing aid (name to be specified) \_\_\_\_\_ which is / are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued solely for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid up to \_\_\_\_\_ (it is valid for maximum period of six months or less as may be certified by the medical authority).

Signatures (with date) of medical authorities

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/ PMR specialist	Clinical Psychologist / Rehabilitation Psychologist / Psychiatrist / Special Educator	Neurologist (if available)	Occupational Therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name) Chief Medical Officer / Civil Surgeon / Chief District Medical Officer Chairperson				
Name of Government Hospital / Health care Centre with Seal				
Date and place				