

SRI VIVEKANANDA DEGREE COLLEGE FOR WOMEN

KADAPA



Scribe Policy

SRI VIVEKANANDA DEGREE COLLEGE FOR WOMEN, KADAPA

(Approved by APSCHE, AP & Permanently Affiliated to Y.V. University, Kadapa)

Near Y-Junction, Pakeerpalli Road, Kadapa-516002 Ph: 9440675757, 9849721040

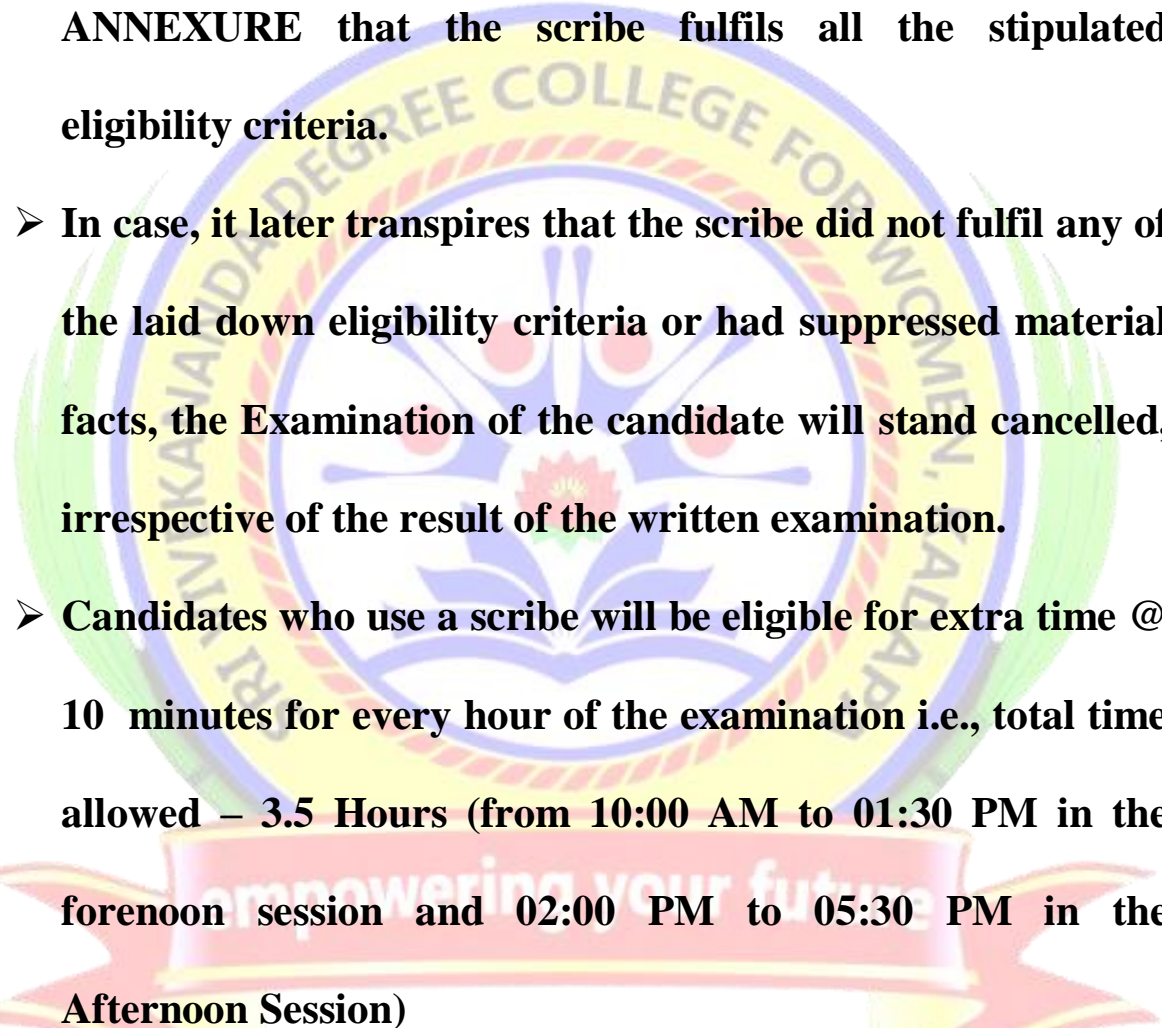
Scribe Policy

Sri Vivekananda Degree College for Women – Examination Branch

Guidelines for use of a Scribe/Paper writer for Visually Handicapped/Orthopedically Handicapped candidates (Whose Writing speed is affected).

A Scribe/Paper Writer, to write the Theory/Laboratory Internal/External Examination, on behalf of Visually Handicapped (VH) candidate (Blind) and Orthopedically Handicapped (OH) Candidate (Whose writing speed is affected), may be used. In all such cases where a Scribe is used, the following rules will apply:

- The candidate will have to arrange his/her own scribe at own cost and inform the Chief Controller of Examinations beforehand.

- 
- **The academic qualification of the scribe should not be more than Intermediate/ 12th standard/PUC.**
 - **Both the candidate as well as the scribe will have to give a suitable undertaking AS PER FORMAT ATTACHED IN ANNEXURE that the scribe fulfils all the stipulated eligibility criteria.**
 - **In case, it later transpires that the scribe did not fulfil any of the laid down eligibility criteria or had suppressed material facts, the Examination of the candidate will stand cancelled, irrespective of the result of the written examination.**
 - **Candidates who use a scribe will be eligible for extra time @ 10 minutes for every hour of the examination i.e., total time allowed – 3.5 Hours (from 10:00 AM to 01:30 PM in the forenoon session and 02:00 PM to 05:30 PM in the Afternoon Session)**

ANNEXURE

SRI VIVEKANANDA DEGREE COLLEGE FOR WOMEN KADAPA

Approved by APSCHE, AP & Permanently Affiliated to Y.V. University, Kadapa

EXAMINATION BRANCH

DECLARATION

We, the undersigned, Mr/Mrs..... eligible candidate for writing..... Examinations.....to be held onbearing Hall Ticket Number.....and Mr./Mrs..... Write (Scribe) for the eligible candidate, do hereby declare that:-

- The candidate is Blind/low vision or physically affected and is with impairment and his/her writing speed is affected and he/she needs a writer (Scribe) as permissible under the JBIET Autonomous rules for physically challenged persons.
- The Scribe is identified by the candidate at own cost and is as per own choice.
- The Scribe fulfils the following Criteria: He / She is less qualified (Intermediate/12th Standard / PUC) than the candidate.

Candidate	Scribe

Particulars of the Scribe	
(i) Name of the last examination passed in	

his / her academic stream	
(ii) Marks Memo of his/her qualification secured	<i>Copy of the Academic Certificate/marks sheet of the Scribe is to be enclosed in support of the above</i>

- We jointly understand that the Scribe shall only record the answer as suggested by the candidate and shall not import his/her knowledge/make any gesture/ sound or movement to indicate correctness or otherwise of any answer option.
- We undertake to comply with the directions of the invigilator at the centre and try not to disturb other examinees.
- Any misconduct committed by the Scribe shall amount to a misconduct committed by the eligible candidate who is using the Scribe and is liable for disciplinary action as may be deemed appropriate.
- We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage we do not fulfil the eligibility norms and /or that the information furnished by us

is incorrect/false or that we have suppressed any material fact(S), the Examination of the candidate will stand cancelled. Irrespective of the result of the written examination(S). If any of these shortcomings is/are detected even after the publishing of result, his/her Examination result is liable to be cancelled. In such circumstances, both signatories will be liable to criminal prosecution.

Signature of the Scribe

Signature of the Candidate

Postal Address

Postal Address

**Photograph
of the Scribe**

Note: Copies of Medical Certificate/Photos of candidate's disability should be enclosed in support of the above.