# Sr. No. ....................



SOLANKI BROTHERS COUNCIL FOR OPEN

AND DISTANCE LEARNING

**APPLICATION FORM FOR APPOINTMENT OF WRITER FOR BLIND / DISABLED CANDIDATES**

(To be submitted to the Controller of Examinations, SBCODL, Farrukhabad, U.P)

**Disability Form**

Form No. Date  

|  |  |  |  |
| --- | --- | --- | --- |
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Kindly grant me permission to get the help of the writer in the coming examinations. My particulars as well as of the writer are as under: -

Afﬁx one attested copy of Photograph of the writer here

1. Name of the candidate ......................................................................................................

2. Father’s Name: Sh. ..........................................................................................................

3. Examination / Class .........................................................................................................

4. Dates of Examination on which

the writer is required.

5. Year / Session ..................................................................................................................

6. Roll No. ...........................................................................................................................................................

7. Centre of Examination ....................................................................................................................................

8. Name of the School .........................................................................................................................................

1. Whether appearing as a regular candidate or as a private candidate

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1. Address of the candidate Permanent .......................................................................................................................................................

Correspondence

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11. Reason for need of writer .................................................................................................................................

12. Name and full address of the writer ..................................................................................................................

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13. Father’s Name of the writer: Sh. ......................................................................................................................

14. Specimen of handwriting of the writer .............................................................................................................

In Hindi ...........................................................................................................................................................

In English ........................................................................................................................................................

In Figure (1 to 10) ............................................................................................................................................

1. Whether the writer is studying, if so, give details:- Name of School / College / University Class .................... Roll No. ....................................................
2. Educational qualiﬁcation of the writer :- Last examination passed Board / University

............................... Roll No. .................................. Month ..............................................

Year ........................... Division ........................... Percentage of marks obtained ............................................

17. Signature of the writer .....................................................................................................................................

1. Name and Address of authority issuing Medical Certiﬁcate: -
2. Detail of amount Deposited : Bank Draft or Postal Order No. .................................................. Dated ........................... Rs. ..........................

Board Receipt No. ..................................................................... Dated ........................... Rs. ..........................

Name of Bank & Branch Distinctive No. of Branch

............................................................ Dated ........................... Rs. ..........................

Signature / Thumb Impression of the Candidate 20. Certiﬁed that Sh. is a regular / private student of this Dept. / College.

Signature with Ofﬁce Seal / Chairman / Principal / Director ....................................................................................................



Note: Instructions given on the next page must be followed

**CERTIFICATE FROM THE CHAIRPERSON / PRINCIPAL OF THE DEPARTMENT**

Certiﬁed that: -

1. Sh. Writer has passed his last examination / class in the

month of ...........................................

1. I have checked the certiﬁcate of the last examination passed by the writer.
2. He / She is eligible to become writer as per university rules as stated below.
3. The writer has signed the application form in my presence.
4. The application form is complete in all respects.

Signature with ofﬁce Seal Chairman / Principal / Director

## RULES / INSTRUCTIONS FOR APPOINTMENT OF WRITER (AMANUENSIS)

1. In case of the candidate, other than the blind, the amanuensis shall be of two grade lower in education than candidate, but he/she must not have secured more than 55% marks in the last examination. The requirement of having obtained not more than 55% marks in the last examination may be relaxed, if the qualiﬁcation of the writer is more than two grade lower than that of the examinee.
2. In case of blind candidates, amanuensis shall be of one grade lower in education than the candidate but he / she must have not secured more than 50% marks in the examination.
3. Application form must be attested by the principal of the concerned College / Chairman of the concerned department.
4. The request for the approval of the writer must be on the prescribed form in duplicate.
5. The application form complete in all respects, must reach the Controller of Examinations, Solanki Brothers Council for Open and Distance Learning at least 15 days before the commencement of examinations by Registered Post.
6. The application received late or after the examinations shall not be entertained and the candidate himself / herself will be responsible for the consequences. Use of writer in the examinations without prior approval of the Board can be considered as use of Unfair Means Case.

## DOCUMENT TO BE ATTACHED WITH THE APPLICATION FORM

1. The prescribed fee is Rs. 500/- per paper in the case of disabled (accidental cases) candidate only. Blind / Permanently Physically handicapped (due to natural causes) students are, however, exempted from the payment of fee. Fee may be deposited in the shape of Bank Draft / Indian Postal Order drawn in favour of Registrar payable at SBCODL Farrukhabad, Uttar Pradesh.
2. Medical Certiﬁcate from the Civil Surgeon / Specialized Professor of the Medical College, clearly mentioning the nature of physical disability that he / she is unable to write and needs help of writer.
3. Attested copy of the Detailed Marks Card of the last examination passed by the writer.
4. An Afﬁdavit from the writer for the gap period, if any (Afﬁdavit should be from 1st Class Magistrate)

**Note:** CLARIFICATION OF LOWER GRADES: Suppose the candidate is to appear in 10th the writer should have passed 8th Exam. If the candidate is to appear in 12th the writer should have passed l0th examination.