



VIMALA COLLEGE (AUTONOMOUS)
Thrissur

REQUEST FOR SCRIBE / EXTRA TIME

Name of the Student :

Programme Name :

Registration No. :

Name of the Examination :

Request for : Scribe Extra time Both

Sl. No.	Course Code	Course Name	Scribe Name

Place:

Date:

Signature of Student

Countersigned by

Tutor in Charge

Coordinator
(Inclusivity Cell)

Note: *Disability Certificate must be attached.*