



ANNEXURE-'B'

**COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA
PRAJNAPITHA, SAMANTAPUR, BHUBANEWAR-751013
APPLICATION FORM FOR THE FACILITY OF SCRIBE/READER/LAB. ASST./TAKING
COMPENSATORY TIME IN EXAMINATION BY CANDIDATES WITH DISABILITY**

(If cannot be filled in by the candidate himself/herself, this application form may be filled in by the Father or Mother or Legal Guardian)

(Incomplete application form in any respect and without supporting documents will be out rightly rejected)

PART-I (FOR APPLICANT)

1. Name of the Applicant (in Capital Letters) : _____

2. Registration No. : _____

3. Name of the College from which the Candidate has been sent up : _____

4. Name of the Father/Mother or Guardian : _____

Contact Number : _____

5. Permanent Address : _____

: _____

6. Present Address (for correspondence) : _____

Contact Number : _____

7. Subject(s) of Examination (i) Compulsory : English, MIL ()

(ii) Electives :

8. Documents to be submitted by the applicant along with this application

(i) The Original and a photocopy of the certificate of physical deformity given by Competent Medical authority to the effect that the deformity is **40% or above and the candidate cannot write by himself/herself.**

(ii) Two attested photographs depicting fully the deformed part of the body of the candidate.

DECLARATION

9. (A) I do hereby declare that :

- (i) I am a physically disabled candidate with the deforming of 40% or above.
- (ii) I have deformity in _____ part of the body for which I am unable to write for which I, may be allowed to take the help of Scribe.
- (iii) I have read/I am aware of the provisions for the candidates with disability issued by the CHSE. Odisha in the notification issued for form fill-up.

UNDERTAKING

(B) I do hereby undertake that :

- (i) I shall use only one scribe, except the specific need for language papers, viz, Telugu, Bengali, Urdu and Hindi and will not change the scribe unless there is explicit emergency. The explicit emergency will be explained by me in writing with documentary evidences, where ever available and is to be submitted with the Principal for examination and forwarding the same to the Controller of Examinations for necessary approval before examination.
- (ii) The Scribe approved by the Controller of Examinations will serve as helper writer to me till the end of the examination.
- (iii) The qualification of my scribe will be one step below my qualification. For any deviation, detected at any stage, I will be abided by the decision of the CHSE. Odisha.
- (iv) I shall be in constant touch with my Scribe and in case of emergency for any change of Scribe I will apply to the Controller of Examinations through the Principal with supporting evidences immediately. (e-mail : coechseodisha@gmail.com, Mob-9437144124).
- (v) I will not change my scribe without justifying the reasons in writing and without the prior approval of the Controller of Examinations failing which my paper will not be evaluated and be liable for cancellation.
- (vi) The identity proof, photograph and copies of Certificates and Mark Sheets in support of educational qualification of scribe with contact number are true, correct and signed by me. In case of any emergent need, I will submit the Identity proof, Photograph, copies of Certificates and Mark Sheets in support of educational qualification and contact number of the new scribe explaining the reasons thereof to the Principal for forwarding the same to the Controller of Examinations for necessary approval before sitting in the examination, failing which my answer scripts will not be evaluated and I will be solely responsible for the same.
- (vii) If the disability Certificate produced by myself is found to be fake at any point of time, appropriate legal action can be initiated against me and the Pass Certificate and Mark Sheet can be instantly cancelled.

- (viii) I am submitting separate application forms for reserve Scribe including the Scribe required for language paper, viz, Urdu, Telugu, Bengali and Hindi. (strike out if the point is not applicable)

Signature/Thumb impression
of the applicant

Counter Signature of the Principal
with date and Seal

Signature of Parents

N.B. Application form without the signature/thumb impression of the applicant, parents and counter signature of the Principal without seal signature in the undertaking will be out rightly rejected.

PART-II (FOR SCRIBE/READER/LAB. ASST.)

- 1 (i) Name of the Scribe/Reader/Lab. Asst.: _____
(in capital letters)
- (ii) Permanent Address : _____
: _____
- (iii) Present Address : _____

- (iv) Identity Proof (Enclose with Application)
Signed by physically disabled candidate & the Scribe _____
- (v) Educational Qualification (Enclose Certificates &
Mark Sheets signed by both the physically disabled
Candidate and the Scribe. _____
- (vi) Occupation : _____
- (vii) Contact Number : _____

Signature of the applicant

2. **LIST OF DOCUMENTS TO BE SUBMITTED BY THE SCRIBE/READER/LAB. ASST.**

- (1)
(2)
(3)

3. UNDERTAKING BY THE SCRIBE/READER/LAB. ASST.

I, hereby, undertake to serve as the Scribe, till the end of the examination of Sri/Ku. _____
_____ who is appearing at the H.S. Examination, 2021 and I will abide by the rules of Examination of the Council as laid down for Scribe and examination.

Signature of the Scribe/Reader/Lab. Asst.

4. CERTIFICATE OF THE PRINCIPAL OF THE COLLEGE FROM WHICH THE HANDICAPPED CANDIDATE HAS BEEN SENT UP.

Certified that the application of the candidate for the facility of Scribe/Reader/Lab. Asst./taking compensatory time in Annual H.S. Examination, 2021 (strike out which is not applicable) with the requisite enclosers have been verified and found correct and genuine as per CHSE (O) **Notification No.** _____ **dt.** _____ (form fill-up notification for Ex-Regular students of Annual H.S. Examination, 2021) and No. 459 dt.25.01.2019 (Guide lines for conducting written examinations for persons with Benchmark Disabilities)

Counter Signature of the Principal
with date and Seal

N.B. Application form without signature of the applicant, required documents of Scribe and signature of the Scribe in **Part-II** and counter signature and seal of the Principal in the certificate will be out rightly rejected.