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|--|---|-------|--|
|  | <b>ERODE SENGUNTHAR<br/>ENGINEERING COLLEGE</b> | Phone | 04294 – 232701,02 03                               |
|  | PERUNDURAI, ERODE - 638 057                     | Web   | <a href="http://www.esec.ac.in">www.esec.ac.in</a> |
|  | OFFICE OF THE CONTROLLER OF EXAMINATIONS        | Email | coe@esec.ac.in                                     |

### APPLICATION FOR SCRIBE

|  |   |  |
|--|---|--|
| Name of the Candidate<br>( in Block Letters) | : |  |
| Register No.                                 | : |  |
| Year & Department                            | : |  |

|   |   |         |
|---|---|---------|
| Reason for seeking Scribe   | : |         |
| Details of records – Attach medical certificate, Recommendation letter from HoD/Principal | : | 1.      |
|   | : | 2.      |
|   | : | 3.      |
| Whether original records enclosed   | : | YES /NO |
| Number of Exams Scribe Needed   | : |         |

#### 1. Details of Scribe\*

|   |   |    |
|---|---|----|
| Name of the Scribe  | : |    |
| Qualification   | : |    |
| Details of records – Attach certificate of Qualification , Recommendation letter from HoD/Principal | : | 1. |
|   | : | 2. |
|   | : | 3. |
| Whether original records enclosed   | : |    |

#### 2. Payment Details

|                                   |   |              |
|-----------------------------------|---|--------------|
| Amount Paid<br>(Rs. 500 / Course) | : | (Rs. _____ ) |
| Transaction ID. & Date            | : |              |

*\*In case the student refers the scribe*

Signature of the Candidate

Signature of the HOD

Signature of the Principal

Date:

For office Use:

Approved by:

Issued Details: