## **APPLICATION FOR APPROVAL OF SCRIBE**

1.	No. & Date of Govt. Order granting Scribe (attach copy)			Photo of Scribe
3. 4.	Name of Scribe Date of Birth Father's name Home Address			
6.	Qualification i. ii.			
8.	Name of the Student for whom engaged as Scribe Register No. Branch			
qualifi qualifi  Exami	I hereby declare that the deta salified in the subjects for which the ed. I am not having any Technical Quations I will be faithful in discharged in the control of the con	e student is appearing Qualification. I have no narging my service a the rules and regula ons of the Chief Supe	for and also to concealed as Scribe to the tions of the conceant of the concea	so not over I any of my o Mr/Kum ee Diploma
		Name & Signature of the Scribe		
Place: Date:				
I agree be issu	e with the details given above. Shri/Snaed Admission Ticket	nt		may
_	ure of Guardian: of Guardian :	Signature of Student Name Register No. Semester	: : :	