**APPLICATION FOR THE SERVICE OF SCRIBE**

(ONLY TO THE VISUALLY IMPAIRED CANDIDATES)

1. Name of candidate (as in the SSLC Book)
2. Category for which applied (Specify category I, II or III)
3. Permanent Residential Address with Pin code and Mobile number
4. Address for Communication with Phone number & E-mail ID
5. Nature of Disability
6. Percentage of Disability
7. Identification marks (i) (ii)
8. Revenue District
9. Educational District

**Declaration**

I hereby declare that the facts given above are true and correct to the best of my knowledge. It is also stated that the scribe(s) are not related to me.

Place:
Date:
Signature / Left hand Thumb Impression of Candidate

**Note:**

a) Attested copy of Medical Board Certificate to prove the disability with 40% or above disability should be attached.
b) Photo of the candidate attested by a Gazetted Officer should be fixed in the application.
c) Filled in application for service of scribe should be reached the IED Cell of Directorate of Public Instruction, Thiruvananthapuram before one week of K-TET Examination 2012.
d) Principal, Higher Secondary School should recommend the name and qualification of scribes along with their qualification details.
e) Passport photo of 2 scribes attested by the Head of the Institution/School where scribe studying should be fixed in the application.
f) Scribe appointed should not be a relative of the Examinee.
g) Copy of application submitted through online is to be attached.

(P.T.O.)
DETAILS OF Scribe (1):

<table>
<thead>
<tr>
<th>(i)</th>
<th>Name of Scribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii)</td>
<td>Permanent Residential Address and Phone number</td>
</tr>
<tr>
<td>(iii)</td>
<td>School Address</td>
</tr>
<tr>
<td>(iv)</td>
<td>Class in which studying</td>
</tr>
<tr>
<td>(v)</td>
<td>Identification marks (i) (ii)</td>
</tr>
<tr>
<td>(vi)</td>
<td>Relationship with candidate, if any</td>
</tr>
</tbody>
</table>

Signature of Scribe

Name & Signature (Office seal) of the Higher Secondary School Principal

DETAILS OF Scribe (2):

<table>
<thead>
<tr>
<th>(i)</th>
<th>Name of Scribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii)</td>
<td>Permanent Residential Address and Phone number</td>
</tr>
<tr>
<td>(iii)</td>
<td>School Address</td>
</tr>
<tr>
<td>(iv)</td>
<td>Class in which studying</td>
</tr>
<tr>
<td>(v)</td>
<td>Identification marks (i) (ii)</td>
</tr>
<tr>
<td>(vi)</td>
<td>Relationship with candidate, if any</td>
</tr>
</tbody>
</table>

Signature of Scribe

Name & Signature (Office seal) of the Higher Secondary School Principal

For Office Use

Application and relevant documents verified and recommended for Service of Scribe.

Date: 

Signature of Deputy Director (IED) Office of the DPI Thiruvananthapuram
IDENTITY CARD TO THE Scribe
K-TET EXAMINATION - AUGUST 2012

Name of Candidate : ...........................................................................................................

Register No. : ........................................ (will be issued by Pareeksha Bhavan)

Centre of Examination : ....................................................................................................

Category for which applied : ............................................................................................

Name of Scribe : ................................................................................................................

Class in which studying : ...................................................................................................

Identification marks of scribe : (i) ....................................................................................

(ii) .................................................................................................................................

Place :

Date : (Office seal) SECRETARY

Pareeksha Bhavan
Poojappura

IDENTITY CARD TO THE Scribe
K-TET EXAMINATION - AUGUST 2012

Name of Candidate : ...........................................................................................................

Register No. : ........................................ (will be issued by Pareeksha Bhavan)

Centre of Examination : ....................................................................................................

Category for which applied : ............................................................................................

Name of Scribe : ................................................................................................................

Class in which studying : ...................................................................................................

Identification marks of scribe : (i) ....................................................................................

(ii) .................................................................................................................................

Place :

Date : (Office seal) SECRETARY

Pareeksha Bhavan
Poojappura