



# Nanjil Catholic College of Arts & Science

NEDUMCODE, KALIYAKKAVILAI - 629 153,  
K.K.DISTRICT, TAMIL NADU

(Re-Accredited by NAAC with 'A' Grade, 'CGPA' - 3.24)  
(Approved by UGC under section 2(f) & 12(B) status)

Phone : 04651-244788, Mobile : 8903013368, E-mail : nanjilccas@gmail.com, Website : www.nccas.edu.in

Date: 28-04-2023

To

The Controller of Examinations,  
Abishekapatti – 627012,  
Thirunelveli.

Sub: April 2023 Examinations Scribe details - Seeking – Reg  
Ref: MSU/Exam/Co-ord/Apr-2023/925 Dated on 13-04-2023


Respected Sir,

As per your letter cited above, I am sending herewith the details in connection with using scribe for candidates mentioned below as per Government of Tamilnadu(G.O. (Ms) No. 08, dt.21.09.2021)

- 1) Archa S – II B.Com (A1)
- 2) Abarna R – I B.Com (A1)

Encl: As above 1) & 2)



  
The Principal  
PRINCIPAL  
Nanjil Catholic College of Arts & Science  
Kaliyakkavilai - 629 153.

**APPENDIX - I**

**Certificate regarding physical limitation in an examinee to write**

This is to certify that, I have examined Mr/Ms/Mrs Archa S  
(name of the candidate with disability) a person with  
Intellectual Disability 40% (Nature and percentage of disability as mentioned in the  
certificate of disability) St/O/D/o M. Laya. Devi - P. a resident of  
Parassala, Thiruvananthapuram, Kerala (Village / District / State) and to state that He / She has physical  
limitation which hampers his/ her writing capabilities owing to his/ her disability.

Due to the above mentioned disability following concession may be given:-

1. Exemption from tamil / second language.
  2. Extra \_\_\_\_\_ hours for writing theory exam.
  3. Allocation of a scribe.
  4. Over looking spelling mistakes and grammatical errors.
  5. Using calculator / assistive devices.
  6. Books and Guides (any other assistive devices or concessions).
- \*strike out the non applicable.

*WAB*  
Signature

(Chief Medical Officer/ Civil Surgeon/ Medical Superintendent/ signature of the notified medical authority of a Government health care institution)

**Dr. Suresh Kumar C**  
Reg. No. : 17321

Consultant in Paediatrics Name & Designation  
Taluk Head Quarters Hospital  
Parassala, Thiruvananthapuram

Name of Government Hospital/ Health Care Centre/ The notified medical authority

Place:  
Date:

Parassala  
22.4.2023  
Archa S

Signature / Thumb Impression  
of the Differently abled person



**Dr. Suresh Kumar C**  
Reg. No. : 17321  
Consultant in Paediatrics  
Taluk Head Quarters Hospital  
Parassala, Thiruvananthapuram

**Note:**

Certificate should be given by a specialist of the relevant stream/ disability  
(eg, Visual impairment - Ophthalmologist, Locomotor disability - Orthopedic specialist/ PMR .etc)

(BY ORDER OF THE GOVERNOR)

**R.LALVENA,**  
SECRETARY TO GOVERNMENT.

// FORWARDED BY ORDER //

*Johny*  
21/09/2024  
SECTION OFFICER

APPENDIX -II

Letter of Undertaking for Using Own Scribe

I Archa S a candidate with Intellectual Disability (name of the disability) appearing for the April 2023, M.S. University Examination (name of the examination) bearing Roll No. 20213101301215 at Nanjil Catholic College (name of the centre) in the District Kanyakumari, Tamilnadu (name of the State). My qualification is Hr. Sec

I do hereby state that Mrs. Ginama Deepa (name of the scribe) will provide the service of scribe / reader/ lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is +2 (Hr. Sec) In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto

R. Abasna

(Signature of the candidate with Disability)

Place: Kaliyakkavilai  
Date: 28-4-2023

(BY ORDER OF THE GOVERNOR)

R. LALVENA,  
SECRETARY TO GOVERNMENT.

// FORWARDED BY ORDER //

SECTION OFFICER.



[Signature]  
PRINCIPAL  
Nanjil Catholic College of Arts & Science  
Kaliyakkavilai 629 153.

Recent Passport size photograph

**NAME OF HOSPITAL AND DISTRICT**  
**GENERAL HOSPITAL, THIRUVANANTHAPURAM**

No. C2 - 35-02/2018/9172

Date 20/4/18



**STANDING DISABILITY ASSESSMENT BOARD CERTIFICATE**

*Archa S*  
 Signature of the candidate

Certified that we the members of the Standing Disability Assessment Board at General Hospital, Thiruvananthapuram examined Sri/Smt. *Archa S* Son/daughter of *Maya Devi P.* Residing at *C.R. House, Near Evans School* village *Parassala* Taluk *Neyyattinkara* District *Trivandrum* and found that he/she is Orthopedicas/ENT/Psychiatry/Ophthalmic handicapped by

The Partial/Permanent / Temporary /Disability is *40%* (Words *forty percent*)  
 Belongs to *MILD*/MODERATE/SEVERE/TOTAL Category  
 Identification Marks  
 1. *A black mole on R forearm*  
 2. *A black mole on R side of neck*

**BOARD MEMBERS**

Sl.No.	Department	Name, Designation and Register Numbers	Signature
1.	Physiatrist	<b>DR. ARUN A. JOHN</b> MBBS, MD, DPMR Reg. No. 28948 CONSULTANT, IN PMR GENERAL HOSPITAL, TRIVANDRUM	
2.	Orthopaedician	<b>Dr. D. VIJAY MBBS, D.Ortho</b> CONSULTANT ORTHOPAEDICIAN Health Services Dept. Kerala Reg. No: 21411	<i>[Signature]</i>
3.	Ophthalmologist		<i>[Signature]</i>
4.	ENT Surgeon		<i>[Signature]</i>
5.	Psychiatrist		<i>[Signature]</i>

- Less than 40%
- Moderate 40% and above
- Severe 75% and above
- Total 100% profound



CHAIRMAN  
 (SUPERINTENDENT)  
 CHAIRMAN  
 Medical Board  
 General Hospital

APPENDIX - I

Certificate regarding ~~physical~~ limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs Abarna R  
(name of the candidate with disability) a person with  
Moderate MR / Down's (nature and percentage of disability as mentioned in the  
certificate of disability), S/O/D/O Robert a resident of  
Nalavilai, Puthumudy, Kuttavcode (Village / District / State) and to state that He / She has physical  
limitation which hampers his/ her writing capabilities owing to his/ her disability.

Due to the above mentioned disability following concession may be given:-

1. ~~Exemption from tamil / second language.~~
  2. ~~Extra \_\_\_\_\_ hours for writing theory exam.~~
  3. Allocation of a scribe.
  4. ~~Over looking spelling mistakes and grammatical errors.~~
  5. ~~Using calculator / assistive devices.~~
  6. \_\_\_\_\_ (any other assistive devices or concessions)
- \*strike out the non applicable.

\$ : Moderate mental retardation  
with Down's  
- 60% disability.

Signature 21/A/23  
Chief Medical Officer/ Civil Surgeon/ Medical Superintendent/ notified medical authority of a Government health care centre  
**Dr. R.S. JUSTIN PAUL** MBBS., DPM.  
Reg. No: 70714  
Senior Resident  
Dept. Of Psychiatry  
KGMCH, Asaripallam

Name of Government Hospital/ Health Care Centre/The notified medical authority

Place: Asaripallam  
Date: 21/A/23

Signature / Thumb impression  
of the Differently abled person

R. Abarna



21/A/23  
**Dr. R.S. JUSTIN PAUL** MBBS., DPM.  
Reg. No: 70714  
Senior Resident  
Dept. Of Psychiatry  
KGMCH, Asaripallam

Note:  
Certificate should be given by a specialist of the relevant stream/  
(eg. Visual impairment - Ophthalmologist, locomotor disability - Orthopedic specialist/ PM etc)



(BY ORDER OF THE GOVERNOR)

**R. LALVENA,**  
SECRETARY TO GOVERNMENT

// FORWARDED BY ORDER //

21/09/21  
SECTION OFFICER

## APPENDIX -II

Letter of Undertaking for Using Own Scribe

Abarna . R a candidate with Moderate Mental Retardation (name of the disability) appearing for the April 2023, M.S. University Examination (name of the examination) bearing Roll No. 20223101301202 at Nanjil Catholic College of Arts & Science, Kaliyakkavilai (name of the centre) in the District Kanyakumari, Tamilnadu (name of the State). My qualification is Hr. Sec

I do hereby state that Mrs. Chithra (name of the scribe) will provide the service of scribe / reader/ lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is +2 (Hr. Sec). In case subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

Ayebas  
(Signature of the candidate with Disability)

Place: Kaliyakkavilai  
Date: 28-4-2023

(BY ORDER OF THE GOVERNOR)

R.LALVENA,  
SECRETARY TO GOVERNMENT.

// FORWARDED BY ORDER //

SECTION OFFICER.



A. [Signature]  
PRINCIPAL  
Nanjil Catholic College of Arts & Science  
Kaliyakkavilai - 629 153.