

NOTIFICATION

**THE KET'S V.G.VAZE COLLEGE OF ARTS, SCIENCE
& COMMERCE MULUND (EAST), MUMBAI-81.**

(EMPOWERED AUTONOMOUS)

SEMESTER END I, III & V EXAMINATION

OCTOBER 2026

All UG & PG Courses students who are eligible for and wish to avail examination accommodations such as extra time / separate seating arrangement and / or writer, should submit their applications (in the prescribed format attached below) along with a photocopy of the necessary Certificate issued by the Government or Civil Hospital on / or before 30th September 2026 between 11.00 am and 01.00 pm to Mr. Mandar Pardesi in the college office at Counter Number 7.


Controller of Examinations



PREETA Digitally signed by
PREETA NILESH
NILESH Date: 2026.09.21
09:52:45 +05'30'
Principal

THE KELKAR EDUCATION TRUST's
VINAYAK GANESH VAZE COLLEGE OF ARTS, SCIENCE & COMMERCE
(EMPOWERED AUTONOMOUS)

EXAMINATION ACCOMMODATION REQUEST FORM

(For Students with Disabilities)

This form is to be filled out by students seeking Scribe permission, Compensatory (Extra) Time, or specific seating arrangements for college examinations. Please fill out all fields accurately and attach the required supporting documents.

1. STUDENT PROFILE

- **Full Name of the Student:** _____
- **Roll Number / Division** _____
- **Student ID:** _____
- **Class :** _____
- **Current Semester / Year:** _____
- **Mobile Number:** _____ **Email ID:** _____

2. DISABILITY & MEDICAL DETAILS

- **Type of Disability (As per Certificate):**
 - ☐ Locomotor / Orthopedic Disability
 - ☐ Visual Impairment (Blindness / Low Vision)
 - ☐ Hearing Impairment
 - ☐ Specific Learning Disability (e.g., Dyslexia, Dysgraphia)
 - ☐ Other (Please specify): _____
- **Disability Percentage (as per Certificate):** _____ %
- **UDID Card Number / Disability Certificate Number:** _____

3. ACCOMMODATION REQUIRED (Tick all that apply)

- ☐ **Compensatory (Extra) Time**
(Standard: 20 minutes per hour of examination)



- ☐ **Scribe / Writer Permission**

- ☐ **Accessible Exam Room / Seating Arrangement**
 - ☐ Ground floor seating requirement (due to mobility issues)
 - ☐ Wheelchair accessible desk
 - ☐ Specific lighting or seating requirements (Please specify):

- ☐ **Use of Assistive Technology/Devices** (Subject to University guidelines)
 - ☐ Magnifier / Large print question paper
 - ☐ Screen reader / Computer for typing (for eligible categories)
 - ☐ Other device: _____

4. SCRIBE DETAILS

Full Name of the Scribe: _____

- **Scribe's Highest Educational Qualification:** _____
(Must be lower than the candidate's current educational level)
- **Scribe's Mobile Number:** _____

5. CHECKLIST OF ATTACHED DOCUMENTS (Office Use Only)

Please ensure photocopies of the following are pinned to this form:

- ☐ Valid Disability Certificate / UDID Card
- ☐ Certificate from Chief Medical Officer certifying writing limitation (if applicable)
- ☐ Current College ID Card
- ☐ Scribe's Photo ID & Qualification Proof
- ☐ Signed Scribe Undertaking Form

DECLARATION BY THE STUDENT

I hereby declare that all the information provided above is true and correct to the best of my knowledge. I understand that any false declaration will lead to the cancellation of my exam accommodations and appropriate disciplinary action.

Date: _____

Place: _____

(Signature / Thumb Impression of the Student)



THE KELKAR EDUCATION TRUST's
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UNDERTAKING FOR USING A SCRIBE / WRITER
(To be jointly submitted by the Candidate and the Scribe)

1. DETAILS OF THE CANDIDATE (STUDENT)

- Full Name of Candidate: _____
- Class and Division: _____
- Roll Number and Student ID Number: _____
- Course & Semester/Year: _____

2. DETAILS OF THE SCRIBE (WRITER)

- Full Name of Scribe: _____
- Father's Name: _____
- Date of Birth: _____ Gender: [] Male [] Female [] Other
- Current Address: _____
- Mobile Number: _____ | Email ID: _____
- Highest Academic Qualification: _____
- Current Profession/Student Status: _____



3. DECLARATION & UNDERTAKING BY THE SCRIBE

I, _____ (Name of the Scribe), hereby declare that:

1. I have voluntarily agreed to act as a scribe for the aforementioned candidate for the _____ **Examination/Semester** _____ scheduled from _____ to _____.
2. My highest academic qualification as on date is **lower** than the minimum qualification required for the course the candidate is pursuing.
3. I will only write/type exactly what is dictated to me by the candidate. I will not prompt, explain, solve, or add any answers on my own accord.
4. I will not bring any books, notes, mobile phones, or digital gadgets into the examination hall.
5. If it is found at any stage that I have misrepresented facts, violated exam rules, or resorted to unfair means, I understand that strict legal and disciplinary action can be taken against me.

Signature of the Scribe: _____

Date: _____

4. DECLARATION & UNDERTAKING BY THE CANDIDATE

I, _____ (Name of the Candidate), hereby declare that:

1. The scribe proposed above is eligible as per the university/government rules and guidelines.
2. I accept full responsibility for the conduct of the scribe during the examination.
3. In case of any misconduct, misrepresentation, or malpractice detected on the part of the scribe, I understand that my examination performance will be cancelled and I will face disciplinary action.

Signature/Thumb Impression of the Candidate: _____

Date: _____

FOR OFFICE USE ONLY (Verification Panel)

- Documents verified: [] Scribe ID Proof [] Scribe Qualification Certificate
- Suitability of Scribe: [] Approved [] Rejected

Signature of Exam Clerk

Signature of COE

