



OFFICE OF THE CONTROLLER OF EXAMINATIONS

BHARATA MATA COLLEGE (AUTONOMOUS)

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PROFORMA SHOWING DETAILS OF SCRIBES AT THE EXAMINATION

1	Name of the Examination:		<i>Affix recent passport size photo of the scribe</i>						
2	Name of the Candidate (in Block letters):								
3	Name of the Department:								
4	Programme:						Year of Admission:		
5	PRN(Permanent Register Number):						Class No:		
6	Contact Number of the Candidate (Mobile):								
7	Year and Semesters for which Concession is requested	Year		SEM					
8	Name of the Scribe (in Block Letters)								
9	Address of the Scribe with contact no:								
10	Age and Date of Birth of the Scribe (attach a copy of ID proof)								
11	Educational Qualification of the Scribe:								
12	Specimen signature of the Scribe:								
13	Declaration I hereby declare that the information furnished above is true and that I have not qualified/appeared for any examinations other than those mentioned in clause (11) above	Signature of the Scribe							

For Office Use

Date of Examination:	
Course Code:	QP Code :
Course Title:	
Chief Superintendent of Examination	