

FORMAT FOR SCRIBE / COMPENSATORY TIME
REQUEST LETTER FOR SCRIBE / COMPENSATORY EXTRA TIME TO BE PRODUCED
BY RELEVANT PwD CANDIDATES

Date:

From

Name of the candidate: _____

Address:

Mobile No:

Email:

To

The Chairman

HSEE-2020

Indian Institute of Technology Madras

Chennai - 36

Dear Sir,

Subject: Requirement of SCRIBE / COMPENSATORY TIME

I am a PwD candidate (Visually impaired/ dyslexic/ disability in the upper limbs or loss of fingers). I would like to use the service of a Scribe/Compensatory Time for writing HSEE-2020. I also request you to provide extra time to complete the paper as per the government norms. Kindly do the needful.

Thanking you,

Signature of the candidate

Signature of the Parent/Guardian
(Name of the Parent/Guardian)