



**REGISTERED**

**Price.Rs 50**

Sr.No.....

**INDIAN Board of School Education**  
**APPLICATION FORM FOR APPOINTMENT OF WRITER FOR**  
**BLIND/DISABLED CANDIDATES**  
**(To be submitted to the Controller of Examinations IBOSE)**

Kindly grant me permission to get the help of the writer in the coming examinations.

My particulars as well as of the writer are as under: -

1. Name of the candidate .....
2. Father's Name: Sh. ....
3. Examination/ Class .....
4. Dates of Examination on which  
the writer is required .....
5. Year/Session .....
6. Roll No. ....
7. Centre of Examination .....
8. Name of the School .....
9. Whether appearing as a regular candidate or as a private candidate  
.....
10. Address of the candidate  
Permanent .....
- Correspondence .....
- .....
11. Reason for need of writer .....
12. Name and full address of the writer .....
- .....
13. Father's Name of the writer : Sh .....
14. Specimen of handwriting of the writer .....
- In ..... Hindi  
..... In  
English .....  
In ..... Figure (1 ..... to ..... 10)
15. Whether the writer is studying, if so, give details :-  
Name of School/ College/ University  
Class.....Roll.No.....
16. Ednal qualification of the writer :-  
Last examination passed .....Board/University  
..... Roll No. .... Month.....  
.....Year..... Division ..... Percentage of  
marks obtained .....
17. Signature of the writer .....
18. Name and Address of authority issuing Medical Certificate :-
19. Detail of amount Deposited :  
Bank Draft or Postal Order No. ....Dated .....Rs.....  
Board Receipt No. .... Dated..... Rs.....  
Name of Bank & Branch..... Distinctive No. of Branch  
..... Dated ..... Rs.....

Affix one  
attested copy  
of  
Photograph  
of the writer  
here

Signature/Thumb Impression of the Candidate

20. Certified that Sh. .... is a regular/private student of this Dept./College.

Signature with Office Seal/Chairman/Principal/Director \_\_\_\_\_

Note : Instructions given on the next page must be followed  
**CERTIFICATE FROM THE CHAIRPERSON/ PRINCIPAL OF THE  
DEPARTMENT**

Certified that: -

1. Sh. .... Writer has passed his last examination/class in the month of .....
2. I have checked the certificate of the last examination passed by the writer.
3. He/She is eligible to become writer as per University rules as stated below.
4. The writer has signed the application form in my presence.
5. The application form is complete in all respects

Signature with Office Seal  
Chairman/Principal/Director

**RULES/INSTRUCTIONS FOR APPOINTMENT OF WRITER (AMANUENSIS)**

1. In case of the candidate, other than the blind, the amanuensis shall be of two grade lower in education than candidate, but he/she must not have secured more than 55% marks in the last examination. The requirement of having obtained not more than 55% marks in the last examination may be relaxed, if the qualification of the writer is more than two grade lower than that of the examinee.
2. In case of blind candidates, amanuensis shall be of one grade lower in education than the candidate but he/she must have not secured more than 50% marks in the examination.
3. Application form must be attested by the Principal of the concerned college/Chairman of the concerned Department.
4. The request for the approval of the writer must be on the prescribed form in duplicate.
5. The application form complete in all respects, must reach the Controller of Examinations, IBOSE at least 15 days before the commencement of  
examinations by Registered Post.
6. The application received late or after the examinations shall not be entertained and the candidate himself/herself will be responsible for the consequences. Use of writer in the examinations without prior approval of the Board can be considered as use of Unfair Means Case.

**DOCUMENT TO BE ATTACHED WITH THE APPLICATION FORM**

1. The prescribed fee is Rs. 300/- per paper in the case of disabled (accidental cases) candidate only. Blind/Permanently Physically handicapped (due to natural causes) students are, however, exempted from the payment of fee. Fee may be deposited in the shape of Bank Draft/Indian Postal Order drawn in favour of Registrar payable at IBOSE WB.
2. Medical Certificate from the Civil Surgeon/Specialised Professor of the Medical College, clearly mentioning the nature of physical disability that he/she is unable to write and needs help of writer.
3. Attested copy of the Detailed Marks Card of the last examination passed by the writer.
4. An Affidavit from the writer for the gap period, if any (Affidavit should be from 1<sup>st</sup> Class Magistrate).

Note :- CLARIFICATION OF LOWER GRADES : Suppose the candidate is to appear in Diploma level 1 the writer should have passed 8<sup>th</sup> Exam. If the candidate is to appear in Diploma level 2 the writer should have passed level 1 & 10<sup>th</sup> examination.