



# OFFICE OF THE CONTROLLER OF EXAMINATIONS

**ST. ALBERT'S COLLEGE (AUTONOMOUS)**

BANERJI ROAD, ERNAKULAM, KOCHI - 682 018

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## APPLICATION FOR AVAILING CONCESSION IN EXAMINATIONS

1	Name of the Candidate (in Block letters):							
2	Name of the Department :							
3	Programme:		Year of Admission:					
4	PRN(Permanent Register Number):		Class No:					
5	Contact Number of the Candidate (Mobile):							
6	Nature of disability (Put a tick ✓) <i>See MG University order regarding concession</i>	Physical Disability	Visual Impairment	Hearing Impairment	Speech and Language disability	Mental Behaviour	Disability caused due to (i) Chronic Neurological Condition (ii) Blood Disorder	Multiple Disabilities
7	Year and Semesters for which Concession is requested		Year		SEM			
8	Nature of Disability, with details:							
9	Particulars of documents attached:							
10	Signature of the candidate:					Date:		
11	Signature of the Guardian:					Date:		
12	Signature and Seal of the Head of the Department							

### For Office Use

Remarks:

**Controller of Examinations**

