



OFFICE OF THE CONTROLLER OF EXAMINATIONS

ST. ALBERT'S COLLEGE (AUTONOMOUS)

BANERJI ROAD, ERNAKULAM, KOCHI - 682 018

www.alberts.edu.in | 0484 - 2394225 | 91 8330833339

exam@alberts.edu.in

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 <i>(attach a copy of ID proof)</i>								
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 <div style="text-align: right;">Signature of the Scribe</div>								

For Office Use

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