



**West Bengal Board of Secondary Education**  
Nivedita Bhawan, DJ-8, Sector-II, Salt Lake, Kolkata – 700091.

Application Form for permission to help of Amanuensis with extra time for sightless / physically  
(orthopaedically) challenged candidate of Madhyamik Pariksha (S.E), 2016

To  
The Dy. Secretary (Examination),  
West Bengal Board of Secondary Education  
Nivedita Bhawan, Salt Lake, Kolkata-700091.

(1)  
Attested stamp  
size photograph  
of Amanuensis  
(Black & White)

(2)  
Attested stamp  
size photograph  
of Amanuensis  
(Black & White)

Attested stamp  
size photograph  
of candidate  
(Black & White)

Through the Head of the Institution \_\_\_\_\_ (Name of The School)  
S i r,

I like to inform you that I happen to be a **sightless / physically (orthopaedically) challenged candidate** (attested copy of medical certificate issued by appropriate authority is enclosed here) and will appear at the M.P.(S.E), 2016 with Registration No. \_\_\_\_\_ from \_\_\_\_\_ (Name of the school). I am not in a position to write anything which will be evident from my medical certificate.

I am sending my photographs along with the photographs of two selected amanuenses 1 set each for your consideration. I. therefore. pray to you for granting me an amanuensis along with extra time of **45 minutes**.

Yours faithfully,

I agree to help as an amanuensis.

1) Name \_\_\_\_\_

Name of the School of amanuensis \_\_\_\_\_

Index No. \_\_\_\_\_ student of Class \_\_\_\_\_

as per enclosed certificate.

\_\_\_\_\_  
Signature of the Amanuensis

\_\_\_\_\_  
L.T./Signature of the Examinee

\_\_\_\_\_  
Name of the Examinee(in Block Letters)  
Contact No. \_\_\_\_\_

The above statements are true to my  
knowledge.

2) Name \_\_\_\_\_

Name of the School of amanuensis \_\_\_\_\_

Index No. \_\_\_\_\_ student of Class \_\_\_\_\_

as per enclosed certificate.

\_\_\_\_\_  
Signature of the Amanuensis

\_\_\_\_\_  
Signature of the Head of the  
Institution (with seal and date)

Contact No. \_\_\_\_\_

- Enco. : 1) Photocopy of disability certificate  
2) Certificate from the Head of the Institution (of which the Amanuensis is a student).  
3) One copy of photograph of each of the Candidate and Amanuensis.  
4) Photocopy of Registration Certificate of the examinee.

N.B. : \* 'Amanuensis means a person having qualifications ordinarily not higher than Class-IX standard appointed by the Board to write answers in the examination on behalf of a physically challenged / sightless candidate.

**\*\* Last date of submission of Application Form 31.12.2015.**