

**FORM-SCRIBE / COMPENSATORY TIME**

**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-2021

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-2021. 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)