

# SGC



**SARADHA  
GANGADHARAN  
COLLEGE**

## NAAC II Cycle SSR 2020 - 2021

**Scribe**

**7 Institutional Values and Best Practices  
7.1.7 Barrier Free Environment**



(NAAC accredited Institution)  
(Affiliated to Pondicherry University)  
(Recognized by UGC under Section 2(f) of the UGC Act 1956 as a PG Institution)  
(An ISO 9001:2015 certified Institution)

**Dr. J. Sukumar, M.Sc.(Ed.), M.Phil., Ph.D.**  
**Principal**

**Date: 04.03.2021**

No. SGC/Exams/2020-21/169

To  
The Controller of Examinations,  
Pondicherry University,  
Puducherry- 605 014

Sir,

Sub: PG Degree Examination Nov/Dec-2020 - Scribe and Extra time to write  
Pondicherry University Examinations – M. Divakaran, Permission sought for-Reg.

Ref: 1. Representation by the Parent dt. 02.03.2021  
2. Your letter No. PU/AR (UG/PG)/Scribe/2019-20/ 563 dt. 08.11.2019 (copy  
Enclosed)

With reference to the letter cited on the above mentioned subject, I am to inform you that we have already received permission from the Pondicherry University for Selvan. M. Divakaran S/o. R. Manokaran for a grant of scribe and extra time in Nov/Dec-2019 Examinations.

In this connection, a representation is received from his parents to write Nov/Dec-2020, Pondicherry University Examinations (III semester) with the help of a Scribe and with a request for extra time. Mr. M. Dhilippan, B.E is suggested as a scribe for M. Divakaran to write the Pondicherry University Examinations by his parents. The detail of the candidate is also enclosed for your perusal. Necessary permission may be granted for the candidate to write Nov/Dec-2020 Examinations with the help of the above mentioned scribe.

Thanking you,

*Dept. copy*

Yours faithfully,

*J. Sukumar*  
PRINCIPAL  
Dr. J. SUKUMAR, M.Sc.Ed., M.Phil., Ph.D.  
PRINCIPAL

Affiliated to Pondicherry University • NAAC accredited Institution  
Recognized by UGC u/s 2(f) of the UGC Act, 1956 as a PG Institution  
Velampet, Pondicherry - 605 004. Ph : 0413-2280156



पांडिच्चेरी विश्वविद्यालय/PONDICHERY UNIVERSITY  
परीक्षा स्कंध EXAMINATION WING

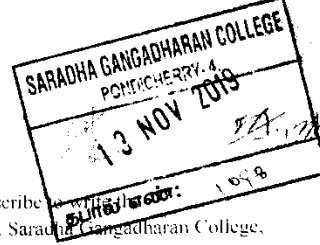
वी. रामन गीता/ V. RAMAN GETHA  
सहायक कुलसचिव/Assistant Registrar

आर.वी.नगर/R.V.NAGAR, कल्याणपट्ट/KAJAPET  
पुदुच्चेरी/PUDUCHERRY-605 014

सं/No. PU/AR (UG/PG)/Scribe/2019-20/ ८६३

दिनांक/Date: 08.11.2019.

✓  
The Principal  
Saradha Gangadharan College,  
Puducherry – 605 004.



Sir,

**Sub:** PG Degree Examination, Nov./Dec. 2019 – Permitting a scribe  
Examination to **Mr. M. Divakaran, 1 Year M.Com (G)**, Saradha Gangadharan College,  
Puducherry – Reg.

**Ref:** Your letter no. 204, Dated: 04.11.2016.

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With reference to the letter cited on the above mentioned subject, I am directed to inform that permission has been granted to **Mr. T.S. Vimalraj, B.Tech** to act as scribe to **Mr. M. Divakaran, 1 Year M.Com** Saradha Gangadharan College, Puducherry to utilize the service of a scribe for the odd semester examination during Nov./Dec. 2019 session with extra one hour.

Further, it is informed that the candidate must be provided a separate Hall. The scribe should not belong to the same subject. The same scribe shall be engaged for all the examinations. The scribe shall also give an undertaking that he/she has not written anything less or more than what was said by the candidate. The undertaking shall be enclosed with each paper written by the candidate.

The expenses shall be met by the institution and reimbursed by the University.

Yours faithfully,

Asst. Registrar (UG/PG)

**Copy to:**

1. Mr. M. Divakaran, Through the Principal,  
M.Com,  
Saradha Gangadharan College,  
Puducherry - 605 004.
2. The Chief Supdt. of To follow the instructions  
University Examinations  
Saradha Gangadharan College,  
Puducherry – 605 004.

Date: 02.03.2021

Place: Puducherry.

From

R.MANOGRAN,

F/o. M. DIVAKARAN,

No.43, 2<sup>nd</sup> Cross, Kamaraj Street,

Iyappa Swami Nagar, Mudaliarpet,

Puducherry – 605004.

To

The Principal,

Saradha Gangadharan College,

Puducherry – 605004.

Through: The H.O.D.,

Department of Commerce,

Saradha Gandadharan College,

Puducherry – 605004.

Respected Sir,

Sub: Mr. Dhilippan M. B.E., to act as scribe – Requested – Reg.

With reference to the subject cited above, I request you to grant permission to Mr. DHILIPPAN M, B.E., to act as scribe to my son Mr. M. DIVAKARAN, 2<sup>nd</sup> year M. com., III semester during March 2021 at Saradha Gangahadaran College, Puducherry.

Thanking You,

Yours Faithfully,

*R. Manogaran*


(R. MANOGRAN)

GCPP.—155/5—1,000 Cps. (1422)—21-8-2018.

**INDIRA GANDHI GOVERNMENT GENERAL HOSPITAL AND POSTGRADUATE INSTITUTE, PUDUCHERRY  
AND  
DISTRICT DIFFERENTLY ABLED REHABILITATION CENTRE, PCDW & DAP, PUDUCHERRY**

**FORM - V**  
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism  
[See rule 18 (1)])



is)

Dr. R. AMUDHAVALLI  
HEAD OF THE DEPT. OF OPHTHALMOLOGY  
IGGGH & PGI, PUDUCHERRY.

Certificate No. 2163 Date: 19-11-18

This is to certify that I have carefully examined Shri/Smt./Selvi. M. DIVAKARAN son/wife/  
daughter of Shri MANOGARAN Date of Birth (DD/MM/YY) 11-1-1999 Age  
19 years, male/female Male Registration No. \_\_\_\_\_  
permanent resident of House No. 43 Ward/Village/Street 2<sup>nd</sup> cross Kamraj St.  
Post office \_\_\_\_\_ District Puducherry State Erode Oppasamy Nagar  
whose photograph is affixed above, and am satisfied that: Mudaliyarpatt Pondy

(a) He/she is a case of:

- Locomotor disability
- Dwarfism
- Blindness

(Please tick as applicable)


(b) The diagnosis in his/her case is RE central scotoma  
LE febrile keratopathy & central leucine

(c) He/she 100% % (in figure) Handed percent (in words) permanent  
locomotor disability / Dwarfism / Blindness in relation to his /her eyes (part of body) as per  
guidelines (76(E)CH-01-18 number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of Authority issuing certificate
<u>Aadhar card</u>	<u>6766 2499 2049</u>	<u>Govt of India</u>

M. Divivakaran.  
Signature/Thumb impression  
of the person in whose favour  
certificate of disability is issued.



A  
**MEDICAL SUPERINTENDENT**  
Indira Gandhi Govt. General Hospital  
And Post Graduate Institute  
Puducherry.

R. Amudhavalli  
Signature and Seal of Authorised  
Signatory of notified Medical Authority.  
**Dr. R. AMUDHAVALLI, M.B.B.S., D.O.**  
**SPECIALIST Gr-I**  
**HEAD OF THE DEPT. OPHTHAL**  
**Reg. No. 43151**  
**IGGGH & PGI, Puducherry.**