

02/10/16,  
Coimbatore.

From

P. Santhana Kumar (131IT048),  
III B.Sc IT,  
Kongunadu Arts & Science College,  
Coimbatore-29.

To

The Principal,  
Kongunadu Arts & Science College,  
Coimbatore-29.

Respected Madam,

Sub: Requisition for allowing Scribe during  
End - Semester Exam - Reg.

I am Santhana Kumar. P(131IT048) studying  
III B.Sc IT in our college. Due to my health  
Condition, I am not able to write my examination  
on my own. So, I kindly request you to  
Permit to use a scribe for writing Examination.

I have enclosed the details of the scribe  
with this letter. please do the needful.

Thanking You,

Yours faithfully,  
P. Santhana Kumar

Forwarded  
with

Dr. S. MYTHILI MCA., M.Phil., Ph.D.,  
Associate Professor & Head  
Department of Information Technology  
Kongunadu Arts and Science College  
Coimbatore - 641 029.





# R.V. ARTS & SCIENCE COLLEGE

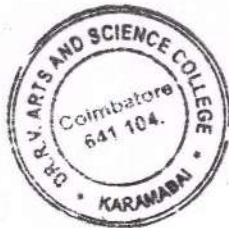
Affiliated to Bharathiar University and Accredited by NAAC  
Mettupalayam Main Road, Karamadai, Coimbatore - 641104.

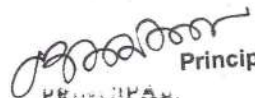
076

## BONAFIDE CERTIFICATE

Date 27/9/2016

certify that Mr / Ms A. ROSHNI  
S.o / D.o / Mr / Mrs M.I. ALTHAF HUSSAIN is a bonafide student  
of our college studying in the I BCOM PA  
Degree course in the academic year 2016-17



  
Principal  
DR. R.V. ARTS AND SCIENCE COLLEGE  
Mettupalayam Main Road  
KARAMADAI-641 104



Extra Time

Coimbatore  
03.4.2016

From

R. Vysakh [142EL008]

II MA ENGLISH LITERATURE

KONGUNADU COLLEGE OF ARTS AND SCIENCE

COIMBATORE - 641029

To

THE PRINCIPAL

KONGUNADU COLLEGE OF ARTS AND SCIENCE

COIMBATORE - 641029.

RESPECTED MAM,

I am unable to attend all the questions in the Semester examination, so I request you to grant me extra hour during the semester examination. The time table as follows (18.04.2016, 21.04.2016, 23.04.2016, 26.04.2016)

Thanking you

Forwarded

Dr. DIWAKAR THOMAS  
Associate Professor & Head  
PG Department of English  
Kongunadu Arts and Science College  
Coimbatore - 641 029

yours faithfully.

R. Vysg

14.4.16





388

171

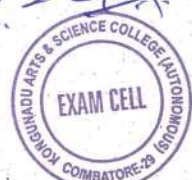
FORM - IV

## DISABILITY CERTIFICATE

Department of Physical Medicine and Rehabilitation

Coimbatore Medical College Hospital

Coimbatore - 641 018.



Certificate No.

Date: 22/04/2014

This is to certify that I have carefully examined

Shri / Smt / Kum. VYSAKH R  
 Son / / Wife / Daughter of Shri. RAVI R  
 Date of Birth 3/6/1993 Age 21 years, male / female  
 Registration No. .... permanent resident of House No. 34 A 1 Leo  
 Ward / Village / Street Naga, Sinnugai, Mettupalayam  
 Post Office. .... District Coimbatore State TN-641305

whose photograph is affixed above, and am satisfied that he / she is a case of locomotor disability.  
 His / Her extent of percentage of physical impairment / disability has been evaluated as per guidelines and is shown in the table below.

Disability	Affected part of the body	Diagnosis	Permanent Physical Impairment / Disability in %
Eye	40% Visual disability	Pseudophakia Cataract Eye	40% Pthyrus bulbi

- The above condition is progressive / non-progressive / likely to improve / not likely to improve.
- Reassessment of disability is :  
 (i) ☒ not necessary, (or)  
 (ii) is recommended / after ..... years ..... months, and therefore this certificate shall be valid till .....
- The applicant has submitted the following document as proof of residence :

Nature of Document	Date of Issue	Details of authority issuing Certificate

R. Vyaskh  
 Signature / thumb Impression of the person in whose favour disability certificate is issued

[Signature]  
 (Authorised Signatory of notified Medical Authority)  
 (Name and Seal)

# Permission Letter

142E1008

From

R. Vysakh,

I M.A English Literature,

KASC.

Coimbatore.

To

The Controller Of Examination,

KASC

Coimbatore.

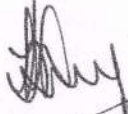
Respected Sir,

I am a visually challenged student,  
i am unable to attend all questions within  
the duration, so i need an extra hour for  
the exams. So i kindly request you to grant  
the time for the exams.

Thanking You

Yours faithfully

R. Vysakh

  
13/5/2015









**PROCEEDINGS OF THE PRINCIPAL  
KONGUNADU ARTS AND SCIENCE COLLEGE**

Date: 07.11.2014

Sub: Kongunadu Arts and Science College - Thiru.G.Anuchandar  
(121LE018) - III BA English Literature student – visually  
challenged – permitted to use scribe for the Examination.

Ref: Letter dated 07.11.2014 of Thiru.G.Anuchandar (121LE018).

Thiru.G.Anuchandar (121LE018), III BA English Literature student, is permitted  
to utilize the help of Thiru. A. Ganesan as his scribe to write his End of Semester  
Examination as requested by him in his letter cited.

  
**PRINCIPAL**

To  
The student concerned through the HoD, English (UA)

Copy to

1. The Controller of Examinations
2. The Head of the Department of English (UA)





**BHARATHIAR UNIVERSITY, COIMBATORE.**



**PROVISIONAL CERTIFICATE**

Register No. : 0722D0238

Folio No.: 18608

This is to certify that **GANESAN A**

has qualified for the Degree of **BACHELOR OF SCIENCE**

he / she having passed the final examination held in

**APRIL 2010** as follows :

**PART I TAMIL**

**FIRST CLASS**

**PART II ENGLISH**

**THIRD CLASS**

**PART III CHEMISTRY**

**FIRST CLASS**

Coimbatore 641 046

Date 21/07/2010

*K.G. Senthil Kumar*  
Controller of Examinations



**PROCEEDINGS OF THE PRINCIPAL  
KONGUNADU ARTS AND SCIENCE COLLEGE**

Date: 14.05.2015

Sub: Kongunadu Arts and Science College - Thiru.G.Anuchandar  
(121LE018) - III BA English Literature student – visually  
challenged – permitted to use scribe for the Examination.

Ref: Letter dated 11.05.2015 of Thiru.G.Anuchandar (121LE018).

Thiru.G.Anuchandar (121LE018), III BA English Literature student, is permitted to utilize the help of Thiru. R. Esakki Ramesh as his scribe to write his End of Semester Examination as requested by him in his letter cited.

  
PRINCIPAL

To  
The student concerned through the HoD, English (UA)

Copy to

1. The Controller of Examinations
2. The Head of the Department of English (UA)





BHARATHIAR  
DEGREE



UNIVERSITY  
EXAMINATION

B. SC.  
MATHEMATICS

APRIL 2015

HALL TICKET

EXAMINATION CENTRE		17
SRI VASAVI COLLEGE, ERODE		
NAME & REGISTER NUMBER OF THE CANDIDATE *		
ESAKKIRAMESH R		1222A0178
SIGNATURE OF THE CANDIDATE		
R. Esakiramesh		
SEM	CODE NUMBER OF THE SUBJECTS PERMITTED TO APPEAR FOR	
6	3A 3B 3C EB EF PF 7A ZD	



*[Signature]*

Signature of the Principal with College Seal

*[Signature]*

Signature of the Controller of Examinations & University Seal

\* CANDIDATES ARE ADVISED TO CHECK THE SPELLING OF THEIR NAMES WITH REFERENCE TO THEIR SCHOOL LEAVING CERTIFICATE. DISCREPANCIES, IF ANY, MAY BE BROUGHT TO THE NOTICE OF THE CO E

அனுப்பிதல் :

அ. அனந்தன்,

பி. ஏ. ஜார்ஜ் கல்லூரி துணைவேந்தர்,

கொங்குநாடு கலை & அறிவியல் கல்லூரி,


கோவை - 29.

பெறுதல் :

உயர்க்கு கல்லூரி துணைவேந்தர் அம்மா அவர்கள்,

கொங்குநாடு கலை & அறிவியல் கல்லூரி,

கோவை - 29

  
11.5.2019

மதிப்பிற்குரிய கல்லூரி துணைவேந்தர் அம்மா அவர்களுக்கு,

பி. ஏ. ஜார்ஜ் கல்லூரி துணைவேந்தர் பதவியை அனந்தன்  
சிவசுந்தரன் எனக்கு பரிந்துரை செய்து உரிமையாக உள்ளது. ஆதலால் நான்  
தேர்வு எழுத தயாராக உள்ளேன் எனக்கு நான் எழுதினது [B.Sc - Maths]  
எழுதினது எனக்கு நான் எழுதினது [B.Sc - Maths]  
எழுதினது எனக்கு நான் எழுதினது [B.Sc - Maths]  
எழுதினது எனக்கு நான் எழுதினது [B.Sc - Maths]

நன்றி,





திருப்பதி,

திருச்சி 2019

மாணவன்

அ. அனந்தன்

94420 19129.

From

R. Vysakh

I M.A English Literature

Kongunadu Arts and Science College

Coimbatore - 641 029

To

The Principal

Kongunadu Arts and Science College

Coimbatore - 641 029

Respected Mam

I am a visually challenged student,  
I am unable to attend all the questions  
in C.I.A and Semester exams within three  
hours. So, I kindly request you to grant  
me an extra hour in C.I.A and Semester  
exams. I have attached a medical certificate  
with this letter.

Thanking You  
Forwarded to the Principal

Dr. Diwakar Thomas  
20/8/14  
M.A., M.Phil., M.A., M.Ed., M.A., Ph.D.,  
Associate Professor & Head  
PG Department of English  
Kongunadu Arts & Science College  
Coimbatore - 641 029



Yours Truly

R. Vysakh  
(R. Vysakh)

R. Vysakh



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KONGUNADU ARTS AND SCIENCE COLLEGE**

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PRINCIPAL

To  
The student concerned through the HoD, English (UA)

Copy to  
1. The Controller of Examinations  
2. The Head of the Department of English (UA)





12, 14, 17, 19, 21 ANL  
7/320

From

R. Vysakh

I M.A English Literature

Kongunadu Arts and Science College

Coimbatore - 641 029

To

The Principal

Kongunadu Arts and Science College

Coimbatore - 641 029

Respected Mam

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with this letter.

Thanking You  
Forwarded to the Principal

Diwakar Thomas

20/8/14

DR. DIWAKAR THOMAS  
M.A., M.Phil., M.L., M.Ed., M.A., Ph.D.,  
Associate Professor & Head,  
English Department,  
Kongunadu Arts & Science College  
Coimbatore - 641 029

Yours Truly

R. Vysakh

(R. Vysakh)



388

171

FORM - IV

## DISABILITY CERTIFICATE

Department of Physical Medicine and Rehabilitation  
Coimbatore Medical College Hospital  
Coimbatore - 641 018.



Certificate No.

Date: 22/04/2014

This is to certify that I have carefully examined

Shri / Smt / Kum. VYSAKH R

Son / / Wife / Daughter of Shri. RAVI R

Date of Birth 3/6/1993

Age 21 years, male / female

Registration No. permanent resident of House No. 34A1 Leo

Ward / Village / Street naga, Sirmugai, Mettupalayam

Post Office. District Coimbatore State TN 641305

whose photograph is affixed above, and am satisfied that he / she is a case of locomotor disability.  
His / Her extent of percentage of physical impairment / disability has been evaluated as per  
guidelines and is shown in the table below.

Disability	Affected part of the body	Diagnosis	Permanent Physical Impairment / Disability in %
Eye	40% Visual disability	@ Pseudophakia @ Coloboma @ Pterygia bulbi	40%

- The above condition is progressive / non-progressive / likely to improve / not likely to improve.
- Reassessment of disability is :  
(i) not necessary, (or)  
(ii) is recommended / after ..... years ..... months, and therefore this certificate shall be valid till .....
- The applicant has submitted the following document as proof of residence :

Nature of Document	Date of Issue	Details of authority issuing Certificate

*R. Vyaskh*  
Signature / thumb impression of the person in  
whose favour disability certificate is issued

*[Signature]*  
(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

