

7.1.7

***The Institution has disabled-friendly,
barrier free environment***

- Any other relevant information-Scribe facility
2022-2023



NIRANJANA MAHANTASHETTI <principaljnmc1963@gmail.com>

Regarding Amartya Shukla 2nd MBBS student leave application

1 message

Deepali Shukla <deepalipshukla@gmail.com>

Wed, Feb 22, 2023 at 9:18 AM

To: NIRANJANA MAHANTASHETTI <principaljnmc1963@gmail.com>

Respected madam , It is to inform u that Amartya underwent shoulder surgery of right side on 16 th Feb .He has been adviced strict immobilisation for 7 days and then rest for 15 days.so will be joining college after minimum rest period.As his supplementary exam is on 9 th it is not possible for him to write .Please allow and arrange for writer for his pathology paper .Expecting ur kind cooperation

Office of the
J. N. MEDICAL COLLEGE
BELAGAVI

23 FEB 2023

Inward _____ *MKS*

*Permitted
COE for information*

*MKS
23/2/23*

PRINCIPAL
Jawaharlal Nehru Medical College
BELAGAVI.

To Dr. Vidya to arrange for a scribe.

KLE Academy of Higher Education and Research, Belagavi.	
Inward No. <i>2509/23023</i>	Date: <i>24 FEB 2023</i>
COE	
	<i>JK</i>



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Declared as Deemed-to-be-University u/s 3 of the UGC Act, 1956)

Accredited 'A+' Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

Office of the Controller of Examinations, KAHER, Belagavi.

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

Prof. (Dr.) Jyoti M. Nagumoti,

Controller of Examinations,

KLE Academy of Higher Education & Research, Belagavi

Ph. No.: 0831-244 4134

E-mail: coe@kledeemeduniversity.edu.in

Application for availing the facility of a Scribe/Writer during Examinations due to Permanent/Temporary Physical Disability/ Learning Disability (To be submitted 7days prior to the commencement of Examination)

For Office use:

To,
The Controller of Examinations
KAHER (Deemed-to-be University)
Belagavi 590010.

Approved by (Exam. Dept.)

Dear Sir,

I wish to avail the facility of a Scribe/Writer during the Examination as per the below mentioned details.

Name of the Student: Amartya Shukla Mobile No.: 9763342429

Name of the College: J.N.M.C Belagavi

Name of the Program: MBBS 2nd Professional year Reg. No. AA0120014

Academic Year: 2nd MBBS Semester: _____

Yours faithfully,

Signature of the Student

Date: 22/2/2023


PRINCIPAL
Signature of the Principal with seal
Jawaharlal Nehru Medical College
BELAGAVI.

Enclosed: Medical Certificate from a Registered Medical Practitioner with rubber stamp

**Kokilaben Dhirubhai Ambani
hospital & medical research institute**

Every Life Matters

Dr. Dinshaw Pardiwala
MS (Ortho), DNB (Ortho), D. Ortho, FCPS
Director - Arthroscopy,
Sports Orthopaedics & Shoulder Service
Head - Centre for Sports Medicine
(Reg. No.: 77754)

18th February, 2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Amartya Shukla, 20yrs Male is under my treatment at Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute.

He was diagnosed with "Right shoulder anterior instability" and undergone "Right shoulder Latarjet procedure" on 16/02/2023.

In view of his surgery he is advice not to write for 6 weeks.

Sincerely,


For Dr. Dinshaw Pardiwala
Director Arthroscopy, Sports Orthopaedics & Shoulder Service





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Prof. (Dr.) Jyoti M. Nagamoti MD, Ph.D.
Controller of Examinations,

KLE Academy of Higher Education & Research, Belagavi

Ph. No.: 0831-2493781

E-mail: coe@kledeemeduniversity.edu.in

Ref. No: KAHER/Exam/22-23/D-030323009

Date: 3rd March 2023

To,

Samal Kakodkar,

KLE VK Institute of Dental science,

KAHER, Belagavi.

Dear Sir/Madam,

Sub: Appointment as Scribe.

I am here by appointing you as a scribe for MBBS Phase – II Supplementary Examination in the subject of Pathology which is scheduled on 9th & 10th March 2023 from 2.00 PM to 5.00 PM at the JNMC Examination hall.

You are requested to report 20 minutes earlier at Examination Centre. Kindly bring this letter to the Examination. After the completion of the scribe duty collect the remuneration from the Examination Section.

Thanking you,



Yours faithfully,

Prof. (Dr.) Jyoti M. Nagamoti
Controller of Examinations

Copy for information to:

1. The Principal, KLE VKIDS, KAHER, Belagavi.
2. The Principal, JNMC, KAHER, Belagavi.

OK
Jyoti

Place: Belagavi
Date: 03/07/2023

To
The controller of Examination.
KAHER
Belagavi

Subject: Request for kannada examination
writer reg...

Respected Madam/Sir,

with reference to the subject cited
above, I the undersigned Mrs. Ujwala Deshpande,
Student of Diploma in Music Ist year studying
at the KAHER School of Music, I would like
to bring to your kind notice that due to
my right hand fracture, I am unable to write
the annual theory examination i.e on 5th July
2023

Dr. Anand to
Arrange a scribe
Therefore I request your kind self to
please provide me a kannada language writer
Date: 5th July '23 Time: 2 pm to 5 pm.

Thanking you

Inward	030723012	03/07/2023
COE		
Dy. COE		
Asst. COE		

yours faithfully.



Encl.. Doctor's certificate.

(Mrs Ujwala Deshpande)



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Prof. (Dr.) Jyoti M. Nagamoti,

Ph. No.: 0831-2493781

Controller of Examinations,

E-mail: coe@kledeemeduniversity.edu.in

KLE Academy of Higher Education & Research, Belagavi

Application for availing the facility of a Scribe/Writer during Examinations due to Permanent/Temporary Physical Disability/ Learning Disability (To be submitted 7days prior to the commencement of Examination)

For Office use:

To,
The Controller of Examinations
KAHER (Deemed-to-be University)
Belagavi 590010.

Approved by (Exam. Dept.)

Dear Sir,

I wish to avail the facility of a Scribe/Writer during the Examination as per the below mentioned details.

Name of the Student: Mrs. Ujwala. Deshpande Mobile No.: _____

Name of the College: KAHER SCHOOL OF MUSIC

Name of the Program: DIPLOMA IN MUSIC - VOCAL 1st YEAR Reg. No. DEUN22013

Academic Year: 2022 - 2023 Semester: -

Yours faithfully,

Signature of the Student

Date: 4/07/2023

Signature of the Principal with seal

Enclosed: Medical Certificate from a Registered Medical Practitioner with rubber stamp



MEDICAL CERTIFICATE
CITY HOSPITAL
CITY HOSPITAL
ORTHOPAEDIC & TRAUMA CENTRE

CTS No. 3935/26, Meer Arcade, (Behind Madiwale Arcade), Besides Sun-N-Sand Hotel,
 Club Road, BELAGAVI - 590 001 ☎ : (0831) 2422120 Cell : 9141585088

354

Dr. Mallanogouda N. Patil
 M.S. (Ortho)

Patient Smt Hwala Deshpande

Age 55/F yrs. Diagnosis Ⓜ Radial

styloid fracture is under

My treatment as an out - patient and / or in-patient, at this hospital.

Was treated as an O.P.D. Patient ^{on} from 02/07/23
 to 1/1/

~~Was admitted as an indoor patient on / / and
 discharged on / /~~

~~He/She was operated for _____
 on / /~~

He / She has been advised 10 days weeks rest from 02/07/23

However, He / She is further advised to continue rest form / /
 for another _____ days

He / She is fit to resume normal duties / light work from / /

Identification Mark _____

Sr
[Signature]
 Patient's Signature & / or
 Thumb Impression

[Signature]
 Dr's Sign

Date : 3.7.2023

Dr. Mallanogouda N. Patil
 M.S. (Ortho), F.I.A.S.
 Reg. No. 016400(KMC)



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JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

Prof. (Dr.) Jyoti M. Nagamoti M.D., Ph.D.
Controller of Examinations,
KLE Academy of Higher Education & Research, Belagavi

Ph. No.: 0831-2444314
E-mail: coe@kledeemeduniversity.edu.in

Ref. No: KAHER/Exam/23-24/D- 03072305

Date: 3rd July 2023

To,
Mrs. Sukanya Katti,
Belagavi.

Dear Sir/Madam,

Sub: Appointment as Scribe.

I am here by appointing you as a scribe for Music Regular Examination in the subject of Diploma Course in Music - 1st Year Vocal (Hindustani) which is scheduled on 5th July 2023 from 2.00 PM to 5.00 PM at the JNMC Examination hall.

You are requested to report 20 minutes earlier at Examination Centre. Kindly bring this letter to the Examination. After the completion of the scribe duty collect the remuneration from the Examination Section.

Thanking you,

Yours faithfully,



Prof. (Dr.) Jyoti M. Nagamoti
Controller of Examinations