

Ref No: DU/Exam/Writer/2021/01

**For Physically Challenged / disabled candidates appearing Examination**

**(A) Who can avail WRITER Facility?**

1. A candidate who is physically challenged / disabled and is not able to write his/her examination.
2. A candidate who is permanently orthopedically challenged or orthopedically injured and is not able to write his/her examination.
3. A candidate who has accidentally injured his/her writing hand and is not able to write the examination.

**(B) Conditions for the WRITER**

1. A person who is going to be the WRITER should not be in blood relationship with the candidate.
2. The WRITER should not be more educationally qualified than the candidate.
3. The WRITER will write only such content as an answer which is narrated by the candidate during the examination. Violation of this rule will fall under Unfair Means (UFM).
4. The WRITER shall remain the same during the span of entire examination. In any unavoidable circumstances, the WRITER may be changed only after the permission of Controller of Examination with proper recommendation of Dean.

**(C) Documents required to avail WRITER Facility.**

1. **Request Letter from Candidate** (Refer Annexure-EW1)
2. Medical Certificate with seal and signature of **Civil Surgeon / Residential Medical Officer of Government Hospital only** stating the details of injury and due recommendation for writer. (Refer Annexure-EW2)
3. **Undertaking of the writer** with his/her **educational qualification** along with **Writer's ID Proof having Date of Birth**. (Refer Annexure-EW3)
4. **Undertaking of the Candidate and the Writer** stating **NO BLOOD RELATIONSHIP**. (Refer Annexure-EW4)
5. **Affidavit as per Annexure-EW5 on Stamp Paper duly signed by Notary**.

**(D) Other Instructions towards Physically Challenged / Disabled Candidate**

1. He / She will be given additional 30 minutes after the completion of scheduled exam time.
2. A separate arrangement will be made for the candidate owing to his/her condition.
3. One attendant/assistant shall be allowed along with candidate; other than the Writer to assist the candidate to the examination hall and shall leave once candidate secures his/her seat.
4. The parents have to provide all the concerned contact numbers to the exam coordinator that can be contacted immediately in case of any emergency.

**(E) Instructions from (A) to (D) are subject to change depending on the circumstances.**

**Annexure-EW1**

**Sub: Student Request Letter for permitting WRITER during his/her examination**

To,  
Controller of Examination,  
Darshan University,  
Rajkot

**(Student Passport size  
Photo)**

Respected Sir,

I request you to allow the **WRITER** to write the examination on behalf of me. The reason for this request is mentioned below. I am aware of all the conditions of the WRITER as well as examinations. I know that violation of any of the rules will fall under Unfair Means (UFM).

**Student Name:** \_\_\_\_\_

**Enrolment No.:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_

**Reason for Writer:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I hereby attach Student ID Card for your reference. (Attach Xerox Copy of University ID Card)**

Thanking you,

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Student's Sign)

\_\_\_\_\_  
(Parent/Guardians' Sign)

\_\_\_\_\_  
(HOD/Dean Sign with Stamp)

**Sub: Medical Certificate (Issued by Civil Surgeon / Residential Medical Office of Govt. Hospital)**

To,  
Controller of Examination,  
Darshan University,  
Rajkot

Dear Sir,

This is to certify that \_\_\_\_\_  
has been observed by me and is under my treatment for the reason mentioned below. I confirm that he/she is not in a position to write the examination on his/her own. Thus, I recommend a WRITER for him/her to appear in the End Semester Examinations.

**Medical Examination Report / Reason for recommending WRITER:**

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Thanking you,

Date: \_\_\_\_\_

Name of the Doctor : \_\_\_\_\_

Designation : \_\_\_\_\_

Sign & Stamp of Doctor :

**Sub: WRITER's Undertaking**

To,  
Controller of Examination,  
Darshan University,  
Rajkot

**(Writer's Passport size  
Photo)**

Respected Sir,

I wish to act as a **WRITER** to write the examination of \_\_\_\_\_ . I am aware of all the conditions of the **WRITER**, and I will only write the narrated content in the exam. I know that violation of any of the rules will fall under Unfair Means (UFM) or any judicial actions.

**Writer Name :** \_\_\_\_\_

**Mobile No. :** \_\_\_\_\_

**Date of Birth :** \_\_\_\_\_

**Qualification :** \_\_\_\_\_

**(Attach WRITER's Xerox Copy of Photo ID Proof having Date of Birth)**

Thanking you,

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Writer's Sign)

\_\_\_\_\_  
(Student's Sign)

\_\_\_\_\_  
(Parent/Guardians' Sign)

**Sub: No Blood Relation Undertaking**

To,  
Controller of Examination,  
Darshan University,  
Rajkot

Respected Sir,

We, \_\_\_\_\_ **(the student)** and  
\_\_\_\_\_ **(the writer)**, assure that we and our  
families do not share any blood relationships. We are aware of the University Examination and  
WRITER's Norms and shall fall under any Administrative or Judicial actions subject to violation of  
any of the rules.

**Thanking you,**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Student's Sign)

\_\_\_\_\_  
(Writer's Sign)

**Annexure-EW5**

**Sub: Affidavit (Printed on Stamp Paper & duly signed by Notary)**

To,  
Controller of Examination,  
Darshan University,  
Rajkot

Respected Sir,

I, \_\_\_\_\_, am authorizing  
\_\_\_\_\_ as a **WRITER** to write the  
exams on my behalf as I am not in a position to write the exams on my own. I assure you that the  
educational qualification of the WRITER is as per the university norms.

Also, as per the university norms, we assure that we and our families do not share any blood  
relationships.

We are aware of all Rules & Regulations of Examinations and Writer Facility. Violation of any the  
rules will fall under any Administrative or Judicial actions.

Thanking you,

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Writer's Signature

\_\_\_\_\_  
(Notary Name & Signature  
with Stamp)