# **Disabled Friendly Pathway**









## **BIO-DATA/UNDERTAKING OF SCRIBE**

e sent to the Institute through Superintendent of Examination Centre before the commencement of Examination)

The Joint Secretary Directorate of Examinations The Institute of Company Secretaries of India C-37, Sector-62, Institutional Area NOIDA-201309 (U.P)



## Subject: Company Secretaries Examinations, June/December....... reg. Scribe (Writer)

Dear Sir,

	It	n view of the co	ntents of Instit	ute's letter b	bearing No. <u>20</u>	00		
	1 1		oddres	sed to Sh	ri/Ms PARAU	BHOSA	LE	granting
•	ermissi	on to seek the	help of a Scr	ibe for writ	ing his/her Mod	ule II	of Execu	STIVE
	5	Examination	scheduled to	he held from	21-12-13	10		
	i. D	11 Mumber O	08813	I he	reby agree to ac	t as a "Scri	be" in respect	t of above
			the above	mentioned	examination	as per	nis/ner uic	lation at
	examine c 1 A		OF HIG	HER ED	ULATION,	DOMBI	ru cho	
	517	willyt	01				Examinatio	on Centre.
					the second s			

#### My Bio-data is as under:

My	Bio-data is as under:		Shri/Ms. SRID	LOLL DAM	AN IYAN	ICIAR
1.	Name (In Capital Letters)	:	Shri/Ms. SKIP	TDAL, RATT		
2.	Father's Name	:	RAMAN 17	ENUAT	17.10.1	998
3.	Age	:	<u> </u>	Date of Birth	1.712-1	110
4.	Qualification	:	Educational	TN B. WM		
			Professional	-		
, f			Please attach a	ites		
1	Complete Residential Address		0.11	CHUDD D	ARSHAM	,
5.		ŀ	(H6 1TD (	LOURASWI	ADI, PATH	HARLI RD,
			DOMBIVY	-tA57		
6.	Complete Professional Address	:	Pin Code: SAME A	5 A130VE		
			Pin Code: HO	STD Code	Office	Residence
7	Contact Details	:	Telephone	STD Code		
7.	Contact Details		Number with			
			STD Code	0110100		
			Mobile No.	845486	112	Page 1 of 2

Details of Attested Documents attached	copies	of	(i) (ii)	Aadhar card. Martishcet of scm1, sem2, sem3
			(iii)	2 sem 4.
			(iv)	
			(v)	

It is solemnly declared that ---

- (i) I fulfil the guidelines, as laid down by the Institute, to act as a Scribe.
- (ii) I am not a registered student of the Institute; and
- (iii) My particulars as mentioned herein above are true and correct to the best of my knowledge.

Thanking you,

Particulars of the Scribe Verified and Forwarded to the Institute for further necessary action.

Yours taithfull?

(Signature with Date)

Ragmap

Counter Signature of Centre Superintendent with date and his/her Rubber Stamp.

Name: Srinidhi Jyengar Place: pombhyli To, The Joint Secretary Directorate of Examinations The Institute of Company Secretaries of India C-37, Sector-62, Institutional Area NOIDA-201309 (U.P)

> Subject: Company Secretaries Examinations, J/ne/December...2020 reg. Scribe (Writer)

Dear Sir,

In view of the contents of Institute's letter bearing No.<u>D12020</u> (440708 998 dated 14/12/20 addressed to Shri/Ms. <u>Parag</u> Bashupah Bhogelegranting permission to seek the help of a Scribe (Writer) for writing his/her Module(s) <u>1</u> of PWfeSsural programme Examination scheduled to be held from <u>21St Dec (Naw)</u> to <u>20MDec 2020</u> under Roll Number <u>795053</u>. I hereby inform that <u>Shri/Ms. Siddhi Sandezh Mhatre</u>(Name of Scribe) has agreed to act as "Scribe" for me in respect of above mentioned examination as per my dictation at <u>The SDA coll ege On Higher Edwarks</u> mination Centre.

Bio-data of Scribe (Writer) is as under :

1.	Name (In Capital	:	Shri/Ms. SI	DOHI 5	ANDESH	MHATRE		
	Letters)							
2.	Father's Name	:	Sandesh	Shantara	m Mhai	YP		
3.	Age	:	21 Y	ears /	Date	of Birth		
			15th Sept	ember 190	10			
4.	Qualification	:	Educational	Graduation completed				
	· · · · · ·		Professional					
			Please attach	attested cop	ies of the Ce	ertificates		
5.	Complete Residential	:	A1402					
	Address		Sheel 400	rd . Ne	ar Tat			
			House	Kalyan				
			,					
			Pin Code:	421306				
6.	Complete Professional	:						
	Address		8					
		Pin Code:						
7.	Contact Details	:	Telephone	STD	Office	Residence		
			Number	Code				
			with STD					
			Code					
			Mobile No.	8355970871				
			Email ID		1970871			
8.	<b>Details of Attested copies</b>	:		f Identity				
	1 A M 1 A M 1 A	1	1 (11) 1 10th CL	0 <sup>th</sup> Class				
	of Documents attached							
	( in ascending order		(iii) 12th (					
OLLE	( in ascending order from lowest to highest		(iii) 12th ( (iv) Pan	Cord				
OLLE	( in ascending order from lowest to highest educational qualification		(iii) 12th ( (iv) Pan (v) Addh	lass Card ar Card				
JLLE COMP	( in ascending order from lowest to highest		$\begin{array}{c cccc} (iii) & 12th & (\\ (iv) & Pan \\ (v) & Addh \\ (v) & 6th \\ \end{array}$	Cord	Marks	heet Indus		
OLLE DOMENUL	( in ascending order from lowest to highest educational qualification		(iii) 12th ( (iv) Pan (v) Addh	lass Card ar Card	Marks	heet Indus		

The S.I.A. College of Higher Boubauc

It is solemnly declared that —

- (i) The Scribe fulfills all the guidelines laid down by the Institute, to act as a Scribe for the particular examination and all the educational qualification of scribe are mentioned herein above.
- (ii) The Scribe is not a registered student of the Institute.
  - (iii) The information provided herein above are true and correct to the best of my knowledge and belief. Any concealment of fact/misrepresentation by the Candidate and/or Scribe, the candidate will be debarred from appearing in the examination in addition to any other disciplinary action as per The Company Secretaries Regulations, 1982 as in force.

Secretaries Regulations, 1902 as in 1	
	I F F S h
porceg	& ddhi
Signature and/or Left Hand Thumb	Signature and Left Hand Thumb Impression
Impression of the Examinee	of the Scribe
Address for Correspondence (Examinee):	Address for Correspondence Scribe(Writer):
1St Floor, Room NO.5, Shubh	Al 402, Annapurna, Kirk,
Soprali (HS Din Dayal Tross	Al 402, Annapurna Park, Kalyan Sheel Hoad, near
Road, Thaturwadi, Dombivali	Tota power house, Kalyon
	Fast
west	
Roll No. 795053	ID Proof Type: Aadhaar (ard
Student Reg. No. 440708998 08 2018	ID No. 7489 3528, 6777
Contact No. / Mobile No.	Contact No. / Mobile No.
8652827456	8355970871 9004089982

Email ID. parag bhosale 26 @ grail.com Email ID. 5dd humbalve 843@ grail.com Note: The Scribe shall bring all his documents in original for verification of the same by the Superintendent of Examination on the first day of the examination.

### Verification of Scribe by the Examination Center Superintendent

of

Centre

Signature

Superintendent with date and his/her

Counter

**Rubber Stamp** 

Particulars of the Scribe Verified and Forwarded to the Institute for further necessary action

12/2020 Yours faithfully, (Signature with Date)

Name:	Do padmaja Anolad	
Date : _	19/10/20	2
Place :	Mombai 1 Dombival	

The S.I.A. C