



Nallamuthu Gounder Mahalingam College

(An Autonomous Institution, Affiliated to Bharathiar University)

90, Palghat Road, Pollachi - 642001, Coimbatore, Tamil Nadu, India.

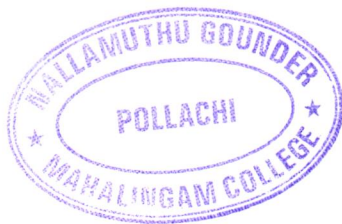
95th Rank in NIRF – 2023 among Colleges in India.




7.1.7 The Institution has a Divyangjan-friendly and barrier-free environment:

Details of students who opted for Scribe and were permitted to write the exams with the help of scribes.

Sl.No	Description	Page No.
1.	List of Students of Availing Scribe Facility	2
2.	Disability Certificates	3
3.	Requisition Letters for Scribe	10
4.	Programmes for Differently abled	24




 PRINCIPAL
 N G M COLLEGE, POLLACHI



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LIST OF STUDENTS AVAILING SCRIBE FACILITY

S. No.	Name of the Student	Reg. No.	Name of the Department	Page No.
1.	Emil Jebasingh. R	21BE13	Department of Commerce [E. Commerce]	10
2.	Roshini. R	21TM48	Department of Tamil	11
3.	Senthilraj. S	21MC01	PG Department of Computer Science	12
4.	Kavya Kamatchi. T	20TM33	Department of Tamil	14
5.	Santhosh. N	20BI10	Department of Commerce [Banking and Insurance]	15
6.	Aadhirai. S. C	20TM14	Department of Tamil	16
7.	Mageshwari. B	19EL33	Department of English	17
8.	Gokulnath . K	19EL05	Department of English	18
9.	Kirubakar. S	19TM02	Department of Tamil	19
10.	Kalaivani. P	18EL27	Department of English	20
11.	Sowmiya . J	18CC110	PG Department of Commerce with Computer Applications	20
12.	Varshaa. K.S	17CM59	PG and Research Department of Commerce	21
13.	Fany Francis. C	20PL09	Department of English	22
14.	Chandini . S	18CT29	Department of Computer Technology	23
15.	Leena Priyadharshini . R	17MA34	PG and Research Department of Mathematics	23

Criteria: **VII : Institutional Values and Best Practices**

PRINCIPAL

N G M COLLEGE, POLLACHI Page | 2





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Disability Certificates

1. Emiljebasing.R - 21BE18

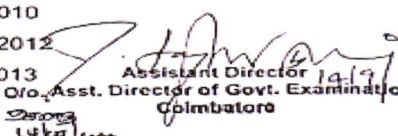
DIRECTORATE OF GOVERNMENT EXAMINATIONS, CHENNAI 600 006
STATE BOARD OF SCHOOL EXAMINATIONS, TAMILNADU

THIS IS TO CERTIFY THAT THE CANDIDATE MENTIONED BELOW BEING
DIFFERENTLY ABLED HAD AVAILED THE FOLLOWING CONCESSIONS VIDE PROCS.
RC.NO.10.37.54/F.1/2019, DT. 22.02.2020 OF THE DGE, CHENNAI - 6 /
O/o. A.D.D.G.E.....

NAME : EMILJEBASINGH R
DATE OF BIRTH : 11.09.2003
NAME OF THE EXAMINATION : HR SEC FIRST YEAR EXAMINATION
SESSION AND YEAR : MARCH - 2020
NAME OF THE SCHOOL : PLCH0040 - NALLAMUTHUGOUNDER NACHIMUTHUGOUNDER HR
SEC SCHOOL REDDIARUR.
ROLLNO : 6242343
PERMANENT REGNO : 2016242343

NATURE OF DISABILITY	CONCESSION AVAILED
1. Blind	① One hour extra time
2. Deaf & Dumb	2. Exempted from Language
3. Paralytic Attack / Handicapped Due To Accident / Accidental Fracture	③ Scribe to write the examination
4. Mentally Retarded	4. Person to read out the question paper
5. Dyslexia	5. To ignore spelling mistakes for non Language subjects
⑥ Nervous Disorder	6. Use of Calculator
	7. Use of Clark's table
	8. Use of Computer and Diagrams
	Total concessions availed... 02 CTNO

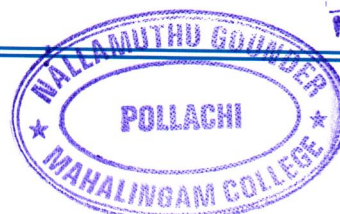
1. G.O. (Ms) No.28, School Education (V1) Dept. dt. 10.02.2010
2. G.O. (Ms) No.268, School Education (V1) Dept. dt. 19.10.2012
3. G.O. (Ms) No.28, School Education (V1) Dept. dt. 11.02.2013


 Assistant Director
 O/o. Asst. Director of Govt. Examinations
 Coimbatore
 14/9/20

Criteria: **VII : Institutional Values and Best Practices**


PRINCIPAL

N.G.M. COLLEGE, POLLACHI | page | 3






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2. Kavya Kamatchi .T – 20TM33 - Identity Card for Differently Abled

Re-Assessment card



GOVERNMENT OF TAMIL NADU
 PASS BOOK
 Issuing Authority
 Government of Tamil Nadu

State Code	Name of the District	Disability Code	Identity Card No.
TN	CBE	HI	44734/25/10/17

INSTRUCTION
 The holder of the Identity Card for Person with Disabilities is eligible to claim concessions/benefits provided by Central Government, State Government, Statutory Bodies and other Local authorities in accordance with the Act/Rules, instructions issued by these authorities from time to time.
 Whoever fraudulently avails or attempts to avail any benefit meant for persons with disabilities, shall be punishable with imprisonment for a term, which may extend to two years or with fine which may extend to twenty thousand rupees or with both.

3

*410-B-1a

Date of Issue: 28/12/2024
 Valid upto: 28/12/2024

- Name: Kavya Kamatchi
- Guardian Name: K. Kamatchi
- Date of Birth & Age: 03/03/2001 23
- Sex: Male Female
- Community: SC/ST/BC/MBC and DC/Others
- Sub-Caste: 04/82, K. Kamatchi
- Address (with Telephone No.): Pollachi, Mahalingam College, Palghat Road, Pollachi - 642001
- Blood Group: _____
- Educational/Vocational/Professional Qualification: _____
- Family income (P.A): _____
- Occupation - Government/Private/Self employment: _____
- Registration in Employment: Yes No

5

Criteria: **VII : Institutional Values and Best Practices**

PRINCIPAL

N.G.M. COLLEGE, POLLACHI





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12. அரசு / Governmental
தலைநகர் / District
District Employment
Office

13. அடையாளக் குறியீடு / Identification
Marks

14. உடல்நலக் குறைவு / Nature of Disability

15. உடல்நலக் குறைவு /
அளவு / Degree / Percentage of
Disability

16. மருத்துவச் சான்றிதழ் /
மருத்துவச் சான்றிதழை
Medical Certificate
issued by

17. மருத்துவ அதிகாரி /
Medical Authority

18. மருத்துவப் பலகை /
Medical Board

19. வெளியீட்டு நாள் /
Date of Issue

20. உடல்நலக் குறைவு /
அளவு / Degree / Percentage of
Disability

21. மருத்துவ அதிகாரி /
மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

22. மருத்துவ அதிகாரி /
மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

6

7

23. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

24. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

25. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

26. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

8

9

27. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

28. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

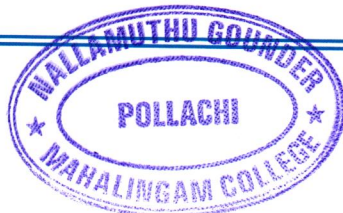
29. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

30. மருத்துவச் சான்றிதழை
அளவு /
Degree / Percentage of
Disability

31

32

[Handwritten Signature]
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3. Santhosh. N – Medical Certificate for Visually Impaired

**APPENDIX III
 GOVERNMENT OF INDIA
 MINISTRY OF SOCIAL WELFARE
 MEDICAL CERTIFICATE FOR THE BLIND**

Certified that I, Dr. SUDEEP DUTARI
 Registration No: 130778 have this 29th day of NOVEMBER
 2024 examined the candidate whose particulars are given below:

- Name of Candidate : SANTHOSH
- Father's Name DIO : NACHIMUTHU
- Sex : MALE
- Approximate Age : 19 YEARS
- Identification marks : -
- Extent of residual vision, if any R.E NDPL L.E 6/36

7. On set of blindness (please state whether blindness is from birth required later, if it has been caused after wards, the age and caused of blindness may be indicated)

Right eye pthisis bulbi
 Left eye s/p PPV + SOE
 oil filled globe
 pale optic disc

For the purpose of these Scholarships, the blind are those who suffer from either of the following

- Total absence of sight
- Visual acuity not exceeding 6/60 or 2/200 (Snellan) in the better eye with correcting lenses.
- Limitation of the field of vision subtending an angle of 10 degrees or worse.

8. Please state clearly whether the candidate is blind for the purpose of scholarship. YES

9. Percentage of Impairment. 100%

Signature of the applicant _____

Signature of Ophthalmologist _____
 DESIGNATION : _____
 OFFICE STAMP : Dr. SUDEEP P. L.
 Regn. TNMC 1307
 Date: 29.11.2024
 ADDRESS : _____

PLACE : COIMBATORE
 DATE : 29.11.2024 / AEH / LVA / FOR / 04

Criteria: VII : Institutional Values and Best Practices

(Handwritten signature)

PRINCIPAL
 N G M COLLEGE, POLLACHI Page | 6





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Aravind Eye Hospital
 & Postgraduate Institute of Ophthalmology
 (Run by Govt Trust)

M.R.No. : 862282
 Date : 09.11.2021

Central Fields

Name Santhosh

Test Object : (Size) 12/1000mm Colour : Red

Remarks : BF's Defect

S. Dey

Criteria: **VII : Institutional Values and Best Practices**

PRINCIPAL
N G M COLLEGE, POLLACHI





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5. Fany Francis – 20PL09 - Medical Certificate

Ph: 0491 - 2520901, 2520902, 903, 904

PAALANA INSTITUTE OF MEDICAL SCIENCES
 KANNADI P.O., PALAKKAD - 678 701, KERALA, INDIA.

NABH (Entry Level) Accredited

Date : 16/06/2022

Ref: Palakkad 01

Essentiality certificate

To whomsoever it may concern (NGM College, Pollachi)

This is to certify that Ms. Fany Francis aged 22 years (female) with hospital no: 243375 had sustained road traffic accident on 13/06/2022 and diagnosed acute dislocation of right shoulder. She has been treated conservatively and put on shoulder immobiliser and to take absence from academic activities including writing due to the ailment of right upper limb. Kindly do the needful.

Dr. V. S. NISANTH M.S. (Orthopaedics)
 Consultant Orthopaedics & Joint Replacement Surgeon
 Reg. No: 90178(TNMC), 50000 (TCMC)
 Paalana Inst. of Medical Sciences,
 Kannadi. P.O. Palakkad.





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Requisition Letters for Scribe

1. Emiljebasing.R - 21BE18

07/06/2022
Pollachi

FROM:

Emiljebasingh. R (21-BE-18)
I year B.COM (E-COMMERCE)
NGM college
Pollachi

TO

The principal and Controller of Examination
NGM college
Pollachi

Through

The Head
Department of Commerce (E-commerce)
NGM college
Pollachi

Respected sir

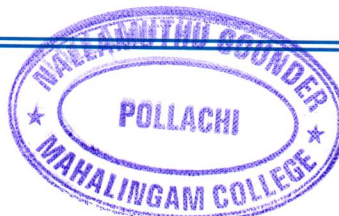
Sub: Requisition of scribe - req,
for writing Exam.

I am studying in first year B.com (E-com)
and unable to write my exams by myself due to
my physical problem. So I kindly request you to
provide me permission to write the exam with
the help of scribe.

M.V.L.A.
Head of Dept
(Dr. M.V. Srinivasan)

Thanking you

yours Truly
R. Emiljebasingh





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3. Senthilraj.A - 21MC01

2

Pollachi
7/10/22

From

Senthilraj.A
F/o. S. Balaji
21-MC-01
M.Ec Computer Science (SF).
NGM College,
Pollachi.

To

The Controller of Examination
NGM College, Pollachi.

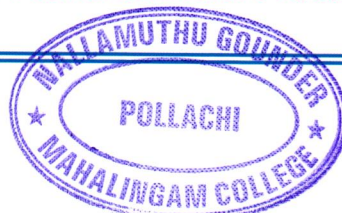
Respected Sir/Madam,

SUB: Request for a scribe

My son S. Balaji (21-MC-01) is going to take his pre-model, Model & Semester exams of his 3rd semester. As he has writing issue with his hand as per medical board advice, I request you to provide a scribe for all his exams of this 3rd semester.

Thanking you

Yours faithfully
Senthilraj





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Pollachi
21/4/22

From -
SENTHIL RAJ
F/O. S. Balaji. 21MCO1
M.Sc. Computer Science.
NGM College.
Pollachi.

To -
The Controller of Examinations.
NGM College,
Pollachi.

Respected Sir/Madam,

SUB: Request for a scribe to my son.

My son S. Balaji (21MCO1) is a 1st year student in M.Sc (CS) program. As he is an autistic boy and having issue in writing, I request you to provide a scribe for him to all the exams in this semester.

Thanking you

Yours faithfully
Senthil Raj





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5. Santhosh. N - 20BI10

Pollachi
26/11/2021

From

N. Santhosh (20BI10) utamp
Dt B.com - Banking and Insurance
Nallamuthu Gounder Mahalingam college
Pollachi - 6270802768

To

The Controller of Examinations
Nallamuthu Gounder Mahalingam College
Pollachi

Respected Sir,

Sub :- For arranging Scribe for Examinations.

As I am having lack of sight in my eye I can't able to write the examinations. so I request you to arrange the scribe for writing examination. I will provide medical certificate for this within two days.

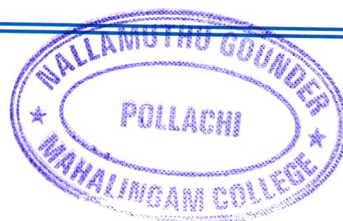
Parents sign
73120098

Proctor sign
W. Ganesan
(Ganathi. A)

A. O. D
Sign
Yours truly
Santhosh N.

Criteria: **VII : Institutional Values and Best Practices**

Page | 15



PRINCIPAL
N G M COLLEGE, POLLACHI



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7. Mageshwari . B - 19EL33

Permission letter.

From

B. Mageshwari
III B.A. English Lit (A)
19-EL-33
NGM college
Pollachi

To

The Controller of examination cell
NGM college
Pollachi

Respected sir

I am a visually challenged. So I need a scribe to write my Model exams - (17.06.2022 to 22.06.2022) so I request you to kindly accept my request.

Thank you

(For)
B. Mageshwari
16/6/22

Yours Truly
B. Mageshwari





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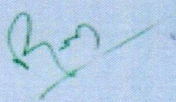
8. Gokulnath. K - 19EL05

Perminion Letter

From

B. Magudhvari (19-EL-33) - Rajesh
 K. Gokulnath (19-EL-05) - Gopinath
 B.A. English lit (D3)
 NGM college,
 Pollachi

To

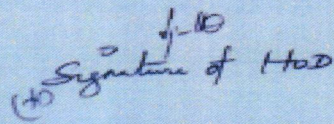
The Controller section 
 NGM college,
 Pollachi.

Respected sir

We are visually challenged people
 so we need scribe to write Model Exam
 we kindly request you to provide a scribe
 members - on (25.04.2022 to 30.04.2022).

Thanking you

Yours Truly,
 B. Magudhvari
 K. Gokulnath

(H) 
 Signature of HOD

Criteria: **VII : Institutional Values and Best Practices**

PRINCIPAL

Page | 18
 N.G.M. COLLEGE, POLLACHI





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9. Kirubakar. S. - 19TM02

சிஷ்யப்புகள் :

ச. கிருபாகர் (19-TM-02)

கிளாங்கலைத் தமிழ் முன்றாம் ஆண்டு,

தமிழ் கலக்கியத் துறை,

ரண். ஜி. எம். கல்லூரி, பொள்ளாச்சி.

பெயர் :

முதல்வர் மற்றும் இரண்டாம் கட்டிப்பாட்டு அதிகாரி,

ரண். ஜி. எம். கல்லூரி,

பொள்ளாச்சி.

வழி :

துறைத் தலைவர், தமிழ் கலக்கியத் துறை
நியமிப்பது தொடர்பாக,

வணக்கம், நான் தமிழ் கலக்கியத் துறையிலே

கிளாங்கலை முன்றாம் ஆண்டு பயன்று

வருகிறேன். என்னால் தேர்வு எழுத கியலாது.

கிளையால் எனக்கு தேர்வு எழுத

உதவியாளர் (Scribe) தேவைப்படுகிறது. உதவியாளர்

வைத்து தேர்வு எழுத சிஷ்யத்திற்குமே கட்டுக்கோப்பான

நன்றி

பொள்ளாச்சி

10-06-2022.

கிரியாக்கு தயிதன்
உண்மை யுள்ள

ச. கிருபாகர்





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10. Kalaivani . P – 18EL27

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI - 642 001
ESE EXAMINATIONS - NOVEMBER - 2019

Self

NAME OF THE STUDENT: P. Kalaivani

SCRIBE - ATTENDANCE

Vision Problem

S.No.	Date	Register number and name	Name & dept. of the writing person with phone number	Sub code	Semester	Signature
1.	12/11/2019	18EL27 P. Kalaivani	P. Kalaivani BA English Literature	18UELO3	III	<i>PP</i>
2.	15/11/2019	18EL27	P. Kalaivani BA English Literature	18HEC303	III	<i>PP</i>
3.	15/11/2019	18EL27	P. Kalaivani BA English Literature	18UEL 203	III	<i>PP</i>
4.	18/11/2019	18EL27	P. Kalaivani BA English Literature	18ULT 303	III	<i>PP</i>
5.	20/11/2019	18EL27	P. Kalaivani BA English Literature	18UJL 303	III	<i>PP</i>
6.	22/11/2019	18EL27	P. Kalaivani BA English Literature	18UEL 305	III	<i>PP</i>
7.	25/11/2019	18EL27	P. Kalaivani BA English Literature	18UEL 306	III	<i>PP</i>

Controller of Examinations

11. Sowmiya . J – 18CC110

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI - 642 001
ESE EXAMINATIONS - NOVEMBER - 2019

Self

NAME OF THE STUDENT: J. Sowmiya

SCRIBE - ATTENDANCE

Leproacy

S.No.	Date	Register number and name	Name & dept. of the writing person with phone number	Sub code	Semester	Signature
1.	14/11/2019	18-CC-110 J. Sowmiya	B. Com. CA. 6380199182	18HCC303	III	<i>J. Sowmiya</i>
2.	18/11/2019	18-CC-110 J. Sowmiya	B. Com. CA. 6380199182	18UCC305	III	<i>J. Sowmiya</i>
3.	20/11/2019	18-CC-110 J. Sowmiya	B. Com. CA. 6380199182	18UCC306	III	<i>J. Sowmiya</i>
4.	22/11/2019	18-CC-110 J. Sowmiya	B. Com. CA. 6380199182	18UCC307	III	<i>J. Sowmiya</i>
5.	25/11/2019	18-CC-110 J. Sowmiya	B. Com. CA. 6380199182	18UCC309	III	<i>J. Sowmiya</i>
6.	28/11/2019	18-CC-110 J. Sowmiya	B. Com. CA. 6380199182	18CUB304	III	<i>J. Sowmiya</i>
7.	29/11/2019	18-CC-110 J. Sowmiya	B. Com. CA. 6380199182	18CUM301	III	<i>J. Sowmiya</i>

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Criteria: **VII : Institutional Values and Best Practices**

PRINCIPAL

Page | 20

N.G.M. COLLEGE, POLLACHI





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12. Varshaa. K.S - 17CM59

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ESE EXAMINATIONS - NOVEMBER - 2019
SCRIBE - ATTENDANCE

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NAME OF THE STUDENT: VARSHAA .K.S.

S.No.	Date	Register number and name	Name & dept. of the writing person with phone number	Sub code	Semester	Signature
1.	11.11.2019	17CM59	B.COM (AIDED)	17UC055 SKILL BASED ELECTIVE	V	Varshaa
2.	13.11.19	17CM59	B.COM (AIDED)	17HEC505	V	Varshaa
3.	15.11.19	17CM59	B.COM (AIDED)	17UC0513	V	Varshaa
4.	19.11.19	17CM59	B.COM (AIDED)	17UC0514	V	Varshaa
5.	21.11.19	17CM59	B.COM AIDED	17UC0515	V	Varshaa
6.	23.11.19	17CM59	B.COM AIDED	17UC0516	V	Varshaa
7.	26.11.19	17CM59	B.COM AIDED	17UC0519	V	Varshaa

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Criteria: **VII : Institutional Values and Best Practices**

[Signature]
PRINCIPAL
N.G.M. COLLEGE, POLLACHI

Page | 21





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13. FANY FRANCIS - 20PL09

Date - 16/06/22

From
Fany Francis . C
Register No - 20-PL-09
II M.A English Literature
N. G. M college pollachi

To
The controller of Examinations
N. G. M college
Pollachi

Through
Head
PA Dept of E
N. G. M. college
Pollachi.

16/06/2022

Respected sir,

Sub: Requesting for scribe - Reg No - 20-PL-09

I am writing this to inform you that I met with a road accident on 13/6/22. And have suffered upper limb shoulder dislocation in my Right Arm. So I am unable to write my model Exams on my own. which commences tomorrow (17/6/22). I kindly request you to permit me to write the Exams with a help of scribe. The Date of my Exams are as follows: 17/6/22, 18/6/22, 20/6/22

Place - Palakkad

Yours sincerely
Fany Francis

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 PRINCIPAL
 N.G.M. COLLEGE, POLLACHI

Page | 22





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14. Chandini.S- 18CT29

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SCRIBE - ATTENDANCE

Self
log fracture

NAME OF THE STUDENT: *Chandini.s*

S.No.	Date	Register number and name	Name & dept. of the writing person with phone number	Sub code	Semester	Signature
1.	14/11/19	18-CT-29 Chandini.s	BSC-CT 6379078541	18HEC308	III	<i>Chandini</i>
2.	18/11/19	18-CT-29 Chandini.s	BSC-CT 6379078541	18UCT307	III	<i>Chandini</i>
3.	20/11/19	18-CT-29 Chandini.s	BSC-CT 6379078541	18UCT308	III	<i>Chandini</i>
4.	22/11/19	18-CT-29 Chandini.s	BSC-CT 6379078541	18UCT309	III	<i>Chandini</i>
5.	25/11/19	18-CT-29 Chandini.s	BSC-CT 6379078541	18UCT303	III	<i>Chandini</i>
6.						
7.						

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15. Leena Priyadharshini.R - 17MA34

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ESE EXAMINATIONS - NOVEMBER - 2019
SCRIBE - ATTENDANCE

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NAME OF THE STUDENT: *R. LEENA PRIYADHARSHINI*

S.No.	Date	Register number and name	Name & dept. of the writing person with phone number	Sub code	Semester	Signature
1.	19-11-19	17-MA-34 R. Leena Priyadharshini	B.Sc Mathematics	17UMAS10	V	<i>R. Leena Priyadharshini</i>
2.	21-11-19	17-MA-34 R. Leena Priyadharshini	B.Sc Mathematics	17UMAS11	V	<i>R. Leena Priyadharshini</i>
3.	23-11-19	17-MA-34 R. Leena Priyadharshini	B.Sc Mathematics	17UMAS12	V	<i>R. Leena Priyadharshini</i>
4.						
5.						
6.						
7.						

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Criteria: **VII : Institutional Values and Best Practices**

PRINCIPAL

N.G.M. COLLEGE, POLLACHI | Page | 23





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Programmes for Differently abled students

Life Skill Development Program for Differently abled students- Equal Opportunity Centre – 23.12.2021



To motivate the Differently- abled students, a life skill development programme was organised by the Equal Opportunity Centre was organised on 23.12.2021 in Prof. Alkondan hall at 10:30 a.m. Fifteen Differently abled students of various departments participated in the programme.

Criteria: **VII : Institutional Values and Best Practices**


PRINCIPAL
N.G.M.COLLEGE, POLLACHI Page | 24

