



**THE INSTITUTE OF  
Company Secretaries of India**  
**भारतीय कम्पनी सचिव संस्थान**  
IN PURSUIT OF PROFESSIONAL EXCELLENCE  
Statutory body under an Act of Parliament  
(Under the jurisdiction of Ministry of Corporate Affairs)  
'ICSI House', C-37, Institutional Area, Sector - 62, Noida – 201 309 (U.P.)  
Phone: 0120-4522011, 0120-4522022; E-mail: [exam@icsi.edu](mailto:exam@icsi.edu)

**APPLICATION FOR AVAILING EXTRA TIME\*/THE FACILITY OF SCRIBE (WRITER)  
WITH EXTRA TIME\* FOR WRITING THE COMPANY SECRETARIES EXAMINATION**

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

To  
The Joint Director  
Directorate of Examinations  
The Institute of Company Secretaries of India 'ICSI  
House', C-37, Institutional Area, Sector – 62  
**NOIDA – 201 309 (U.P.)**

**Sub: Company Secretaries Examinations, June/December, 20**

Dear Sir,

I hereby request you to grant me extra time\*/the facility of scribe (writer) with extra time\* for writing the Company Secretaries Examinations, based on the particulars furnished below:

1.	Name of the Candidate (In Capital Letters)		
2.	Father's Name		
3.	D.O.B.		
4.	Student Registration Number		
5.	Stage of Examination		
6.	Module		
7.	Facility requested for: <ul style="list-style-type: none"><li>• Extra time</li><li>• Scribe with Extra time (please specify)</li></ul>		
8.	Session and year of Examination for which extra time*/scribe with extra time* is sought		
9.	Permanent Address		
		Pin Code –	
		Telephone No.(s) with STD Code	
	Mobile No.		
	E-mail Id		

\*Delete whichever is not applicable

10.	Details of disability on the basis of which above facility is required			
11.	Nature of disability ( <i>Attach certificate</i> )		Temporary/Permanent	
12.	Percentage of disability ( <i>Attach certificate</i> )			
13.	Duration of disability affecting writing or other ability			
14.	Have you availed of the facility of extra time*/ scribe with extra time* for writing Institute's earlier examinations?  YES/NO		If Yes, then furnish the following information:	
			Session and Year	
			Stage of Exam.	
			Module	
			Roll Number	
<i>(Please attach the photocopy of permission letter issued by the Institute in respect of earlier examination.)</i>				
15.	Particulars of copies of medical certificate(s) submitted in support of disability			
	<i>S.No.</i>	<i>Particulars</i>		
	1.			
	2.			
16.	Have you submitted attested copies of certificates with this application?	YES	NO	
17.	Have you submitted attested full body post card size photograph with this application?	YES	NO	
		<i>Mandatory for those who are applying for the first time</i>		
18.	Particulars of copies of permission letter(s) issued by other Examination bodies allowing extra time*/scribe with extra time* for writing their examinations submitted with this application :			
	<i>S.No.</i>	<i>Particulars</i>		
	1.			
	2.			

I hereby certify that the particulars mentioned above are true and correct to the best of my knowledge.

Thanking you,

Yours faithfully,

*Signature*

(\_\_\_\_\_)

(NAME)

**NOTE: 1. Candidates are advised to enclose attested copy(ies) of certificate of disability along with full size photograph. The original medical certificate may be got verified and its photo copy(ies) be attested by the Regional Director/Chairman of the Regional/Chapter Office of the Institute/Gazetted Officer and enclose the attested copies of the documents to the Institute along with the application.**

**2. \* Delete whichever is not applicable.\***