



MNR COLLEGE OF PHARMACY

{ Approved by PCI, New Delhi & Affiliated to Osmania University,
Hyderabad }

V: Fasaiwadi, Dist.: Sangareddy - 502294 (T.S)

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APPLICATION FOR SCRIBE AND EXTRA TIME FOR PwD CANDIDATES

Name of the Student	
Age and Sex	
Address	
City/State/Zip	
Mobile Number	
Email Id	
Hall ticket Number	
Course	
Year	
Batch	
PwD Category	
Declaration:	
I _____ student of MNR College of Pharmacy s/d/w/o _____ would like to avail service for PwD (visually impaired/dyslexic/disability in the upper limbs/loss of fingers) candidates by scribe and extra time in exams	
Signature of Student	Signature of Parent


PRINCIPAL
MNR COLLEGE OF PHARMACY