

AKKINENI NAGESWARA RAO COLLEGE

(WITH POST-GRADUATE COURSES)

(AUTONOMOUS & AFFILIATED TO KRISHNA UNIVERSITY)

POST BOX NO.20, GUDIVADA-521301, KRISHNA DIST., A.P., INDIA

AN ISO 9001:2015 & 14001:2015 CERTIFIED ORGANIZATION



7.1.7: The Institution has Differently-abled (Divyangjan) friendly, barrier free environment Write description covering the various components of barrier free environment in your institution in maximum of 500 words

- **Built environment with Ramps/lifts for easy access to classrooms**
- **Divyangjan friendly washrooms**
- **Signage including tactile path, lights, display boards and signposts**
- **Assistive technology and facilities for Divyangjan accessible website, screen-reading software, mechanized equipment**
- **Provision for enquiry and information: Human assistance, reader, scribe, soft copies of reading material, screen reading**

**ENVIRONMENT WITH RAMPS/LIFTS FOR EASY ACCESS
TO CLASSROOMS**

LIFT FOR DIVYANGJAN

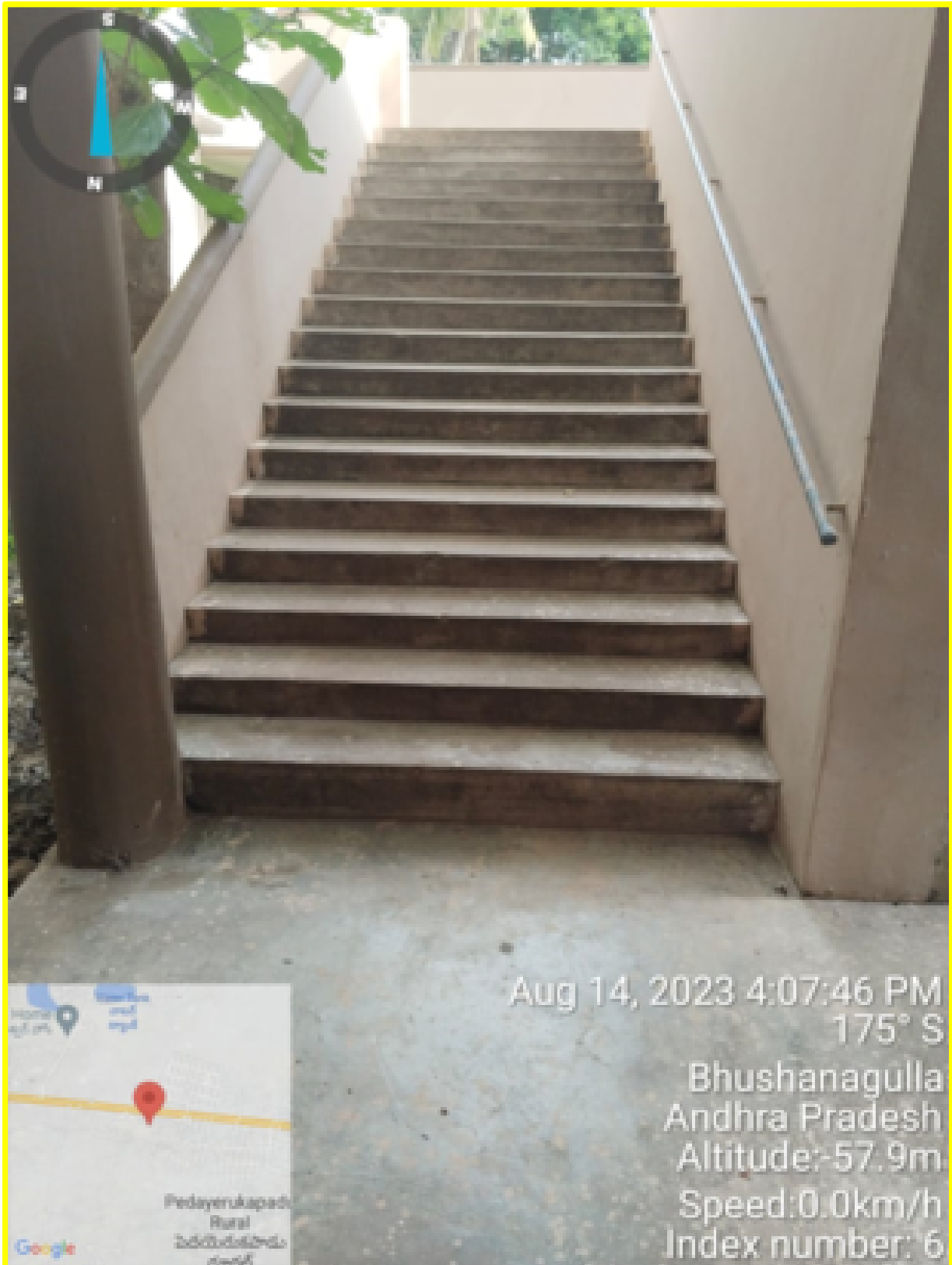


**July 11, 2022 at 4:01 PM
N 16° 25' 47", E 80° 58' 6"
GUDIVADA, AP. INDIA
ANR COLLEGE**

LIFT FOR DIVYANGJAN



SIMPLE HIGHT STAIR CASE FOR DIVYANGJAN



RAMP FOR DIVYANGJAN



DIVYANGJAN FRIENDLY WASHROOMS



WHEEL CHAIR



**SIGNAGE INCLUDING TACTILE PATH, LIGHTS, DISPLAY
BOARDS AND SIGNPOSTS**



**PROVISION FOR ENQUIRY AND INFORMATION: HUMAN
ASSISTANCE, READER, SCRIBE, SOFT COPIES OF
READING MATERIAL, SCREEN READING**

SCRIBE

APPLICATION FOR AVAILING THE FACILITY OF A SCRIBE/WRITER DURING EXAMINATIONS DUE TO PERMANENT /TEMPORARY PHYSICAL DISABILITY / LEARNING DISABILITY

(To be submitted 7 days prior to the Commencement of Examination)

To
The Controller of Examination
Akkineni Nageswara Rao College
Gudivada.

Dear Sir,

I wish to avail the facility of a Scribe/Writer during the Examination as per the below mentioned details:

Name of the Student: _____ Mobile
No.: _____

Name of the Department:

Roll No. _____ Regd. No.: _____

Academic Year: _____ Semester: _____

Details of Scribe being arranged by the undersigned:

Name of the scribe: _____

Educational Qualification (with proof - Identity card of the current academic year):

Address and Contact

No.: _____

Yours faithfully,

Date

Signature of the Student

Enclosed: Medical Certificate from a Registered Medical Practitioner with rubber stamp

=====

For Office use:

Examined by:

Approved by

Principal / Director
Examinations

Additional / Controller of