

DECLARATION BY CANDIDATE WITH DISABILITY

I _____ S/O, W/O, D/O _____

R/O _____

_____ Roll Number: _____ for
the examination for the post of _____
exam scheduled on _____ session _____ hereby declare
that Mr./ Ms. _____ S/O, W/O, D/O

_____ ,

R/O _____

has agreed on my request to act as my scribe for the above online computer-based
test/ examination.

I do hereby undertake that qualification of my scribe is _____

In case, subsequently it is found that his/ her qualification is not as declared by me and
beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

DECLARATION BY SCRIBE/ WRITER

I _____ S/O, W/O, D/O _____

R/O _____

Holder of identification _____ have
agreed to act as scribe for Mr. / Ms. _____ S/O, W/O,
D/O _____ the

_____ (type of disability) candidate having
Roll No. _____ for the examination for the post of _____
_____) exam scheduled on _____
and session _____ .

I declare that my educational qualification as on date _____ is (tick
the box):

Below Metric	Metric	10 + 2	Graduate	Post Graduate

Space for pasting of recent passport size photograph of **Scribe** to be cross self-attested.

Space for pasting of recent passport size photograph of **Candidate** to be cross self-attested.

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the candidate.

Signature of Scribe

If the above declaration is found false, I shall be solely responsible for the consequences. I am engaging the above scribe at my own cost and risk. I Understand that if the declaration of the scribe is found false, I may be debarred from the examination.

Signature of Candidate with Disability

Note: The candidate & Scribe should report at half hour before the normal reporting time at the Exam Centre for this purpose.