

DECLARATION BY CANDIDATE WITH DISABILITY

I

_____ S/o,W/o,D/o _____

R/o _____

Roll Number : _____ for the examination for the post of

(Post Code : _____) exam schedule on _____ session

hereby declared 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 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 _____

(Post Code: _____) exam scheduled on _____ and session _____ .

I declared that my educational qualification as on date _____ is (Tick the box):

| Below Metric | Metric | 10+2 | Graduate | Post Graduate |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |

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.