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. ____________________________

_________________________________(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):

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<tr>
<th>Below Metric</th>
<th>Metric</th>
<th>10+2</th>
<th>Graduate</th>
<th>Post Graduate</th>
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Space for pasting of recent passport size photograph of **Scribe** 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**

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. 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.*