

Letter of Undertaking for Using Own Scribe

I _____ am a candidate with
 _____ (Name and nature of the
 disability) appearing OMR Based Test to the post
 _____ of bearing Application No. / Registration ID
 _____ and Roll No. _____ at
 _____ (name of the
 centre) on _____.

My qualification is _____.

I _____ do hereby state
 that _____
 (name and address of the scribe) will provide the service of the scribe for the
 undersigned for taking the aforesaid examination. I do hereby certify that his/her
 qualification is _____. In
 case, subsequently it is found that his qualification is not as declared by the undersigned
 and is beyond/above/related to my qualification, I shall forfeit my right to the post and
 claims relating thereto.

(Signature of the Candidate with Disability)

Place:

Date:

DECLARATION BY THE SCRIBE

Affix here
 Photograph
 of **Scribe**

Affix here
 Photograph
 of **Scribe**

Document to be enclosed:

1. Government ID Proof
2. Qualification Proof

I declare that my qualification is _____ and don't have equal
 /higher/related qualification than that of the candidate mentioned above.

Signature of the scribe

I have verified the identity and qualification of the scribe.

Signature of the Gazetted Officer

Date:

Signature of the exam Invigilator