

# SCRIBE DECLARATION FORM

## **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 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 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

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**