

Declaration by the Scribe/Writer for Blind/Cerebral Palsy/ Locomotor Disability (Upper Limb) Candidate

1. Centre Name :
2. Centre Code :
3. Name of Examination :
4. Date & Time of the examination :

Note: Declaration Certificate

I _____ S/o,W/o,D/o _____ R/o _____
 _____ holder of
 identification _____ have agreed to act as scribe for
 Mr./Mrs. _____ S/o,W/o,D/o _____ R/o _____
 _____ the
 Blind/Cerebral Palsy/Locomotor Disability (Upper Limb) Candidate having Roll No.
 _____ for the post of _____ scheduled for date
 _____ and time _____ (AM/PM).

My maximum educational qualification as on date: _____ is (Below/Matric/10+2)

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the candidate. My photograph pasted on this declaration has been duly attested by a gazetted officer whose particular are given below:-

1. **Name of gazetted officer :**
2. **Designation :**
3. **Office Address & Phone No.:**
4. **Signature & Seal :**

1. **Photograph of Scribe**
2. **Signature of Scribe**
3. **Signature/Thumb impression of
Blind/Cerebral Palsy/Locomotor Disability (Upper Limb) Candidate**

Signature & Stamp of Superintendent

Note: The scribe is required to bring the following attested documents (i) Identification proof (ii) Educational qualification (iii) Two recently taken passport photograph at the examination centre on the day of exam for the verification by an officer (not below the rank of Assistant Superintendent). The candidate & scribe should report at least one hour before the normal reporting time at the Exam Centre for this purpose.