

## Declaration by the 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 \_\_\_\_\_

Roll Number \_\_\_\_\_ for the examination for the post of \_\_\_\_\_ scheduled for date \_\_\_\_\_ and time \_\_\_\_\_

(AM/PM) do hereby declare that

Mr./Mrs. \_\_\_\_\_ S/o,W/o,D/o \_\_\_\_\_ R/o \_\_\_\_\_

\_\_\_\_\_ has agreed

on my request to act as my scribe for the above written examination.

My scribe has declared that his/her 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. 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.

1. Attested 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.