

PROFORMA FOR DECLARATION BY SCRIBE

1. Name and Address of the scribe:

2. Date of Birth:

3. Details of educational qualifications/examinations appeared:

4. Name of the institution and class:

5. Specimen signature of the scribe:

6. Name and Register No of the student whom the scribe is assisting:

DECLARATION

I hereby declare that the information furnished above is true and that I have not qualified /Appeared for any examinations other than those mentioned in clause (3) above.

Place:

Signature of scribe

Date:

Countersigned by the Principal

APPENDIX- A

Certificate Regarding Physical Limitation to Write

This is to certify that I have examined Ms./Mrs -----
(name of the candidate with disability), a person with -----
----- (nature and percentage of disability as
mentioned in the certificate of disability), s/o/D/o ----- and
a resident of----- (Village/ District/State), and to state that she has
physical limitation which hampers her writing capabilities owing to her disability.

Signature

(Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government Health Care Institution)

Name and Designation of the Medical Officer:

Name of Government Hospital/ Health Care Institution:

Place:

Date:

APPENDIX B

Letter of Undertaking for Using Own Scribe

I -----, a candidate with -----
----- (name of the disability) appearing for the-----
----- (name of the examination) bearing Roll No. -----
do hereby state that----- (name of the scribe) will provide
the service of scribe/lab assistant to me for taking the aforesaid examination. I am a student of -
----- (Class and Department)

I do hereby state that his/her qualification is _____.

In case, subsequently, it is found that this qualification is not as declared by me and is beyond my qualification, I shall forfeit my right to avail this provision.

Place:

Date: (Signature/ Thumb impression of the candidate with Disability)