

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 B

Letter of Undertaking for Using Own Scribe

I -----, a candidate with -----
----- (name of the disability) appearing for the-----
----- (name of the examination) bearing Reg 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)