

## SCRIBE DECLARATION FORM

### DECLARATION

We, the undersigned, Shri/Smt/Kum. \_\_\_\_\_ **eligible candidate**  
for the \_\_\_\_\_ examination and  
Shri/Smt/Kum. \_\_\_\_\_ **eligible writer (scribe)** for the eligible candidate, do  
hereby declare that :

1. The scribe is identified by the candidate at his/her own cost and as per own choice.  

The candidate is **blind/low vision** or affected by **cerebral palsy** with **loco-motor impairment and his/her writing speed is affected** and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph ' 1 ' above.
1. In view of the fact that multiple appearance / attendance in the examination are not permitted, the candidate undertakes that he/she has not appeared / attended the examination more than once and that the scribe arranged by him/her is not a candidate for the examination . If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be cancelled.
2. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the examination. If any of these shortcoming(s) is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution

**Given under our signature:-**

\_\_\_\_\_  
**Signature of the Scribe**

**Postal address:**

\_\_\_\_\_  
**Signature of the Candidate**

**Registration No.:**

**Roll No.:**

**Postal address:**

**STD Code:..... Phone No .....**

**[Cell No., if any .....**

**STD Code:..... Phone No .....**

**[Cell No., if any .....**

**Signature of Invigilator** \_\_\_\_\_

**Photograph  
of the Scribe**