

SCRIBE DECLARATION FORM

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____ eligible candidate
having qualification _____ and Shri/Smt/Kum. _____ eligible
writer (Scribe) having qualification _____ 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.
2. In case it is found that the qualification of the Scribe is not as declared by the candidate and is beyond the qualification of the Candidate, the candidate shall forfeit his right to the post and claims relating thereto.
3. 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.
4. 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.
5. 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 Point 3 above.
6. **The candidate has ensured that the scribe is not a candidate for the same recruitment exercise.**
7. **The scribe has ensured that he/she is not appearing in the same recruitment exercise.**
8. 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 (both the candidate as well as scribe in case he/she has appeared in the same examination) 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.

I, _____ (Scribe) certify that I am not a candidate for this recruitment.
(Name of Scribe)

I, _____ the candidate for this recruitment certify that I have ensured that the above
(Name of candidate)
scribe is not appearing for this recruitment.

Given under are our signature and contact details: -

	SCRIBE	CANDIDATE
	Signature:	Signature:
	Name:	Name:
	Address:	Address:
Photo of the Scribe	Contact No.:	Contact No.:

Signature of Invigilator