

PROFORMA FOR SCRIBES

1. Name and Address of the scribe:

2. Date of Birth:

3. Details of educational qualifications/examinations appeared:

4. Specimen signature of the scribe:

5. Name and Register No of the student for which the scribe is appearing:

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:

Date:

Signature of scribe

Countersigned by the Principal

APPENDIX- A

Certificate regarding physical limitation in an examinee to write

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

Place: Date:

Signature

Chief Medical Officer/ Civil Surgeon/ Medical

Superintendent of a Government health care institution & Designation. Centre with Seal

Name of the Medical Officer:

Name of Government Hospital/ Health Care

Note: Certificate should be given by a specialist of the relevant stream/ disability (e.g., Visual impairment - ophthalmologist, Locomotor disability - Orthopaedic specialist/ PMRJ).

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. _____ at _____ (name of the centre) in the District _____ (name of the State). My qualification is _____.

I do hereby state that (name of the scribe) will provide the service of scribe/lab assistant for the undersigned for taking the aforesaid examination.

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

In case, subsequently it is found that this qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

Place:

Date:

(Signature of the candidate with Disability)