Letter of Undertaking for Using Own Scribe

1			_, a	candic	late with			
(name of	the disability) appearii	ng for	the _				
(name of	the examinati	on) bearir	ng Rol	l No				at
		(name	of	the	centre)	in	the	District
		· · · · · · · · · · · · · · · · · · ·		·		_(nam	ne of th	ne State/
UT). My q	ualification is						<u> </u>	
I do hereby	state that				(n:	ame of	f the so	cribe) will
provide tl	ne service of	scribe/ re	eader/	lab as	ssistant fo	r the	undersi	igned for
taking the	aforesaid exa	amination.						
I do hereb	y undertake th	hat his/ he	er qua	lificatio	on is			In
case, sub	sequently it is	s found th	at his/	her qu	ualification	is not	as de	clared by
the under	rsigned and is	beyond i	my qu	alificati	on, I shal	forfei	t my rig	ght to the
post and	claims relating	thereto.						
			(Si	gnatur	e of the ca	ındidat	e with I	Disability)
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