

Letter of Undertaking for Using Own Scribe

I _____ a candidate with _____(name 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 / reader/ lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____ . In case, subsequently it is found that his 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.

(Signature of the candidate with Disability)

Place:

Date:

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 with ----- (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.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government health care institution

Name & Designation.

Name of Government Hospital/ Health Care Centre with Seal

Place:

Date: