

## SCRIBE DECLARATION FORM

I, .....(Applicant Name), have applied for the exam .....(Exam Name & Date). My father's name is ..... and application form number is ..... My disability condition is.....(with percentage of disability).

I certify that, my disability condition makes me eligible to have a scribe as per the guidelines given in Appendix 'A' of the detailed advertisement.

The following are the details of scribe:

**Name:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

\_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Photo ID proof:** \_\_\_\_\_

**Photo ID Number:** \_\_\_\_\_

**Educational Qualification till Date:** \_\_\_\_\_

We, the applicant and Scribe hereby, declare that all the information given by us in support of my scribe application form is true, complete and correct to the best of my knowledge and nothing has been hidden by me. If any of them is found to be incorrect or false, I shall be liable to any legal action and/or cancellation of my candidature for this exam.

**Signature of the Applicant**

**Signature of the Scribe**

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### **For departmental use only:**

The applicant fulfills all the requirements of scribe eligibility criteria. Therefore, he/she may be allowed to use the scribe.

**Name & Signature with Designation  
Date:**

