## **Annexure-II**

## **Letter of Undertaking for Using Own Scribe**

Ι	I, a candidate with						(name of	
the disability) appeari	ng for th	he				(nar	ne of the	
examination) bear	ring	Roll	No				at	
	(name	of	the	centre)	in	the	District	
				(na	ame of	the State	e/UT) My	
qualification is								
	_							
I do hereby state t								
provide the service of so	cribe/ read	der/ lab	assistan	t for the u	ndersig	ned for	taking the	
aforesaid examination								
I do hereby underta	ake that	his/ her	qualific	cation is _			In	
case, subsequently it is	found th	at his/	her qual	ification is	s not a	s declar	ed by the	
undersigned and is beyo	nd my qı	ualificat	ion, I sh	all forfeit	my rigl	nt to the	e post and	
claims relating thereto								
			(Signat	ure of the o	candida	te with l	Disability)	
			, 0				•	
e:								
2:								