ANNEXURE-H

DECLARATION

We, the undersigned, Shri/Smt/Kum.			eligible candidate		
having qualification			and Shri/Smt		Shri/Smt/Kum.
	eligible	writer	(Scribe)	having	qualification
	for the eligible candidate, do he	reby dec	lare that:		
1 The scribe is identified by the	e candidate at his/her own cost and as p	ner own d	hoice		
•	ualification of the Scribe is not as declar			d the aus	alification of the
·	ne qualification of the candidate taking	•			
·	case the candidate shall forfeit his/her				
	cerebral palsy with loco-motor impair				
·) as permissible under the Governmen				
Physically Challenged persons.	do permissione under the Governmen	01	ia raico goveri	mig the	rear arenneme or
, , , , , , , , , , , , , , , , , , , ,	of the said O.M. No. 34-02/2015-DD-II	I dated 2	9th August. 20)18. I dec	lare that at the
·	on, I will furnish the requisite cert				
	ent of a Government health care instit		•		
-	o write, and scribe is essential to write		-	-	
	te availing services of a scribe is eligible		-		inutes for every
hour of the examination.	-		•		·
6. In view of the importance of	f the time element and the examinatio	n being o	of a competitiv	e nature	e, the candidate
undertakes to fully satisfy the	Medical Officer of the Organization t	hat there	e was necessit	y for use	e of a scribe as
his/her writing speed is affecte	d by the disabilities mentioned in Point	3 above.			
7. The candidate has ensured the	hat the scribe is not a candidate for the	same red	ruitment exer	cise.	
8. The scribe has ensured that I	he/she is not appearing in the same rec	ruitment	exercise.		
9. All the above statements n	nade by us are true and correct to th	ne best o	of our knowled	ge and	belief. We also
understand that in case it is def	tected at any stage of recruitment that	we do no	t fulfil the elig	ibility no	rms and/or that
the information furnished by u	s is incorrect/false or that we have sup	pressed a	any material fa	ct(s), the	candidature of
	ate as well as scribe in case he/she has				-
•	esult of the examination. If any of these		• • • • •		
• •	ner services are liable to be terminated.	. In such (circumstances,	, both sig	natories will be
liable to criminal prosecution.	(2)				
l,					
l,	(Name of candidate) t		date for this r	ecruitme	nt certify that I
	cribe is not appearing for this recruitme	nt.			
Given under are our signature	SCRIBE			CANDIDA	
	Signature:		Signature:	ANDIDA.	.16
	Name:		Name:		
	Address:				
Photo of the Scribe	Contact No.:		Contact No.:		

Signature of Invigilator