LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates Visually Impaired(VI)/candidates whose writing speed is affected by Cerebral Palsy /muscular dystrophy/ candidates with loco motor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

| PAR | TICULARS OF SCRIBE PROPOSED TO BE ENGAGED I | Y THE CANDIDATE | |
|------|--|--------------------------------|------------------------------|
| 1. | Name of the Candidate | | |
| 2. | Roll No | | |
| 3. | Name of Center | | te here recent |
| 4. | Qualification of Candidate | | our Passport Photograph o |
| 5. | Disability Type | | CRIBE of size |
| 6. | Name of the Scribe | | mx 4.5cm (The |
| 7. | Date of Birth of the Scribe | | ur photograph |
| 8. | Father's Name of the Scribe | | ld not be more |
| 9. | Address of the Scribe : | than | 3 months old. |
| (a) | Permanent Address | | |
| (b) | Present Address | | |
| | | | |
| 10. | Educational Qualification of the Scribe | | |
| 11. | Relationship, if any, of the Scribe to the Candidate | | |
| 12. | | | |
| | | | |
| i) | We hereby declare that the particulars furnished above are true and correct to the best of our | | |
| | knowledge and belief. We have read/ been read out the instructions of EPFO regarding conduct of | | |
| | the candidates assisted by Scribe/Scribes at this examination and here by undertake to abide by them. | | |
| ii) | We do hereby undertake that the qualification of scribe is mentioned correctly and the qualification | | |
| ") | | | |
| | of the scribe is one step below qualification of candidate. In case, subsequently it is found | | |
| | qualification of scribe is not as declared by the candidate, I (the candidate) shall forfeit my right to | | |
| | the post and claims relating thereto. | | |
| iii) | We declare that the Scribe himself/herself is not a candidate in this examination. We understand | | |
| | that in case it is found otherwise the candidature of | f both of us will be rejected. | |
| iv) | We declare that the scribe has not acted/will not act as Scribe to any other candidate of this | | |
| , | examination. | · | |
| | (Signature of the Candidate) | (Signature of the Scribe) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Left thumb impression of the | Left thumb impression of the | : |

Signature of the Invigilator

Candidate in the box given above

Scribe in the box given above