

SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. _____, **eligible candidate** for the _____ examination and Shri/Smt/Kum. _____ **eligible writer (scribe)** for the eligible candidate, do hereby declare that:

1. The scribe is identified by the candidate at his/her own cost and as per own choice. The candidate is **blind/low vision** or affected by **cerebral palsy** with **loco-motor impairment and his/her writing speed is affected** and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph '1' above.
3. The scribe arranged by him/her is not a candidate for the test. Also the same scribe cannot be used by more than one candidate. If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be cancelled.
4. All the above statements made by us are true and correct to the best of our knowledge and belief.
5. We also understand that
 1. In case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the examination. If any of these shortcomings is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution
 2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.

Given under our signature:-

Signature of the Scribe	Signature of the Candidate
ID Type (Aadhar, Voter ID, etc.):	Application ID. :
ID No :	Roll No.:
Email ID :	Email ID :
Mob No :	Mob No :
(copy of ID to be collected and submitted to NIELIT by Invigilator)	

Scribe Photograph

[To be attached here]

Signature of Invigilator