<u>ANNEXURE – II</u>

Letter of Undertaking for Using Own Scribe

			,	а	Candida	ate	with
(name	of	the	disability)	a	ppearing	for	the
	(na	ame of	the exam	inatio	on) bearin	g Rol	l No.
	_ at _				(name of	the ce	entre)
in the District					(n	ame c	of the
State). My qualification is			<u>.</u>				
I do hereby state that				(name of th	ne scr	ibe)
will provide the service of scribe/reader					igned for t	aking	the
aforesaid examination.							
I do hereby undertake that his qualific							In
case, subsequently it is found that						•	
undersigned and is beyond my qualificat	lion, I s	shall to	rfeit my rig	nt to	the post a	nd cla	ııms
relating thereto.							
	(Sig	nature	of the Ca	ndida	ate with D	isabi	lity)
Place:							
Date:							

*Note: It should be ensured that the qualification of the scribe should be one step below the qualification of the candidate taking the examination. A proof regarding the qualification of the scribe should be produced by the candidate.