LETTER OF UNDERTAKING FOR USING OWN SCRIBE

l,						, a	cand	idate	with
		(Name	of	the	disability)	appe	aring	for	the
			(Nan	ne of the	examination) b	earing Se	at No		at
		(Name of the	e Cente	r) in the c	listrict		_ (Nam	e of the	State).
My qu	alification is		·						
	I do hereby state	that			(Name of	the Scril	pe) will p	rovide
the sei	vice of scribe for t	he undersigned	for taki	ing the afo	oresaid examin	ation.			
	I do hereby unde	ertake that his/l	her qua	lification i	s	I	n case, :	subsequ	ently it
is foun	d that his/her qua	lification is not	as decla	red by th	e undersigned	and is bey	ond my	qualific	ation, I
shall fo	orfeit my right to th	ne post and clai	ms relat	ing there	to.				
					Signatur	e of the ca	andidate	with dis	sability
PLACE	:								
DATE	:								