Letter of Undertaking for Using Own Scribe

	, а	candidate	with		
(name of the disability) appearing for the					
bearing application no.	at			(name	of the
centre) in the District		.)		(nam	ne of the
State). My qualification is					
I do hereby state that		_(name of	the scribe)	will pro	ovide the
service of scribe/reader/ lab assistant f	or the	undersigne	d for takir	ng the	aforesaid
examination.					
I do hereby undertake that his qualificat	ion is_			•	In case,
subsequently it is found that his qualification	on is no	ot as declar	ed by the ur	ndersigne	ed and is
beyond my qualification, I shall forfeit my rig	ht to the	e post and c	laims relatin	g thereto) .
	(5	Signature of	the candidat	e with D	isability)
Place:					
Date:					