Annexure-IV

Letter of Undertaking for Using Own Scribe

I	_, a	candidate with
(name of the disability) appearing for the		name of the examination)
bearing Roll No.	at	(name of the
centre) in the District		, (name of the
State). My qualification is		
I do hereby state that		(name of the scribe) will provide the
service of scribe/reader/ lab assistant for	the	undersigned for taking the aforesaid
examination.		
I do hereby undertake that his qualifi	ication	is In case,
subsequently it is found that his qualification	ı is not	t as declared by the undersigned and is
beyond my qualification, I shall forfeit my righ	nt to th	ne post and claims relating thereto.
	(S	Signature of the candidate with Disability)
Place:		
Date:		