## Letter of Undertaking for Using Own Scribe

I,	a cand	idate	with_				(name	of the	disabil	ity)	appearing	g for
the	name	of	the	exami	nation)	bearin	ng Rol	l No.				
at	(name		of		the	cei	ntre)	in		the	Di	istrict
					(name	of	the	State).	Му	qι	ualification	ı is
I do hereby state that				(nar	me of the	scribe	e) will pr	ovide th	e servic	e of	scribe/re	ader/
lab assistant for the undersi	gned for	takin	g the a	aforesa	id examin	ation.						
I do hereby undertake that qualification is not as declar post and claims relating the	red by th											
						(	Signatuı	e of the	candida	ate v	with Disab	ility)
Place:												
Date:												