## 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 ce      | entre) in the District |
|   | ,                                 | (name                | 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 for th  | ne undersigned for taking         | g the aforesaid exa  | mination.              |
| I do hereby undertake that his q  | ualification is                   | ·                    |                        |
| I further certify that the scribe whose photograph and particulars are mentioned below, is not COVID-19 + and a certificate to this effect from Competent Authority is enclosed to this letter. |                                   |                      |                        |
| (Signature of the candidate with Disability)  |                                   |                      |                        |
| Date:   |                                   |                      |                        |
|   |                                   |                      | Photograph of scribe   |
|   |                                   |                      |                        |
| (Self- Attested Photograph)   |                                   |                      |                        |
|   | Name of Scribe                    | ID of the Scribe     | ID Number              |
|   |                                   |                      |                        |