APPENDIX-II

Application format and letter of Undertaking for using Scribe by PwBD candidate

(To be submitted in duplicate)

10,	
The District Commissioner(District)	
Sub. :- Application for providing of scribe.	
Sir/Madam,	
I	a candidate with
	_ (name of the disability) appearing for the
	(name of the examination) bearing Roll No. (Name of the centre) in the
District	
·	
Tick whichever is applicable and cross the oth I do state that I wish to utilize the scribe.	ner. service of scribe and request you to provide me a
☐ I do hereby state that the service of Scribe for the undersigned for t	(name of the scribe) will provide taking the aforesaid examination.
	lalification is In case, cation is not as declared by the undersigned and is not to the post and claims thereto.
Passport size photo (PwBD Candidate)	Passport size photo (Scribe) (If applicable)
•	to be appended across both the photograph on each photograph)
Date :	
	(Signature or thumb Impression of the candidate with disability)
should be one step below the qualification of	oring his own scribe, the qualification of the scribe the candidate taking examination.
For Office use: The Applicant (PwBD candidate) and the Sci	ribe (if applicable) as mentioned in Appendix-II has

The Applicant (PwBD candidate) and the Scribe (if applicable) as mentioned in Appendix-II has appeared in person before the undersigned.

The Appendix-I and Appendix-II has been examined and found to be in Order.

Signature
Additional District Commissioner,
District......
(Authorized Officer)
Official Seal