DECLARATION BY THE Scribe/Writer

I __________________________ S/o,W/o,D/o __________________________
R/o __________________________________________________________
holder of identification __________________________ have agreed to act as scribe for
Mr./Mrs. __________________________ S/o,W/o,D/o __________________________
R/o __________________________________________________________
the Blind & Partly Blind Candidate (VH & VI ) having Roll No. ________________ for
the post
of __________________________ (Post Code __________________)
scheduled for ________________.

My maximum educational qualification as on date: ______________ is (Tick the box)

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<th>Below Matric</th>
<th>Matric</th>
<th>10+2</th>
<th>Graduate</th>
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If the above declaration is found false, I shall be solely responsible for the consequences and
loss suffered by the candidate. My photograph pasted on this declaration has been duly attested by
a gazetted officer whose particular are given below:-

1. Name of gazetted officer : 
2. Designation : 
3. Office Address & Phone No.: 
4. Signature & Seal : 

Signature of Scribe __________________________
Signature of the Blind Candidate __________________________

Signature & Stamp of Superintendent , DSSSB

Note 1: The scribe is required to bring the following attested documents (i) Identification
proof (ii) Educational qualification (iii) Two recently taken passport photograph at the
examination centre on the day of exam for the verification by an officer (not below
the rank of Superintendent) of the Board. The candidate & scribe should report at
least one hour before the normal reporting time at the Exam Centre for this purpose.

Note 2: The year of passing of the maximum educational qualification mentioned above must be in
accordance with the instructions given in the notice of Examination/General instructions to
the candidates.
DECLARATION BY BLIND CANDIDATE

I ____________________________________________________________ S/o,W/o,D/o_________________________
R/o_________________________________________________________________________ Roll Number ____________________________

R/o__________________________________________________________________________ for the examination for the post of ___________________________
(Post Code __________________) scheduled for_________________________ do hereby declare that Mr./Ms._______________________S/o,D/o,W/o_______________________
R/o___________________________________________________________________________ has agreed on my request to act as my scribe for the above written examination.

My scribe has declared that his/her educational qualification as on date:__________ is (Tick the box)

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If the above declaration is found false, I shall be solely responsible for the consequences. I am engaging the above scribe at my own cost and risk. I Understand that if the declaration of the scribe is found false, I may be debarred from the examination.

Signature of the Blind Candidate

Signature of Scribe

Signature & Stamp of Superintendent , DSSSB