Format of undertaking to be given by Candidates Using Scribe and the Person operating as Scribe

## DECLARATION

1.	We,	the	undersign	ed,	Shri/S	mt/k	lum.
				eligible	candidate	for	the
	written	of			the  G ID		
	(Post name) to be held on			(Exam date), PG ID			
		, Roll Nui	n		, ANI	)	
	Shri/Smt./Kum.			scribe for the			
	eligible c						

- i) The above mentioned eligible candidate is **blind/ low vision** or affected with **Locomotor Disability /Cerebral Palsy** where dominant (Writing) extremity is affected to the extent of slowing the performance of function (minimum of 40% impairment) and that she/he needs a scribe as permissible under Govt. of India rules governing the recruitment of Physically Challenged persons.
- ii) The above mentioned scribe is identified by the candidate at her/his own cost and is as per own choice.
- 2. We jointly understand that the Scribe shall only record the answer as suggested by the eligible candidate and shall not import her/his knowledge/ make any gesture/ sound or movement to indicate correctness or otherwise of any answer option.
- 3. We also undertake to comply with the directions of the invigilator at the center and try not to disturb other examinees.
- 4. We understand that any misconduct committed by the above mentioned scribe shall amount to a misconduct committed by the above mentioned eligible candidate and is liable for disciplinary action as may be deemed appropriate.

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5. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of the recruitment or after that the information furnished by us incorrect/false/misleading or that we have suppressed any material facts, the candidature of the applicant shall stand cancelled, irrespective of the results of the written test. In such case, both signatories shall be liable for criminal prosecution.

## Given Under Our Signature:

Signature of the Scribe		Signature of the Candidate		
D t. 1				
Postal		Roll No:		
Address:				
		PG ID:		
Mobile				
Number:				
Photo ID	Passport/ Aadhar Card/			
Submitted:	Driving License/ PAN Card			
Photograph of scribe				
	To be signed by Exam O	fficials		
Signature of	the Invigilator:			
Signature of	POWERGRID CTC :	* 4		
		13/2		