Annexure-II

Letter of Undertaking for Using Own Scribe

I					, a	a candidate	with			(na	ame
of the	disabi	lity) a	ppearing 1	or th	e				(nan	ne of	the
examina	ation)	bearin	ng Roll No)				at _			
(name	of	the	centre)	in	the	District					,
			(name	of	the	State/	UT)	My	qualifica	ation	is
Ισ	lo her	eby si	tate that					(name	of the sc	ribe) ,	will
						sistant for					
aforesaid											
I do	hereb	y und	ertake that	his/ h	er qua	lification i	S			In c	ase,
						cation is no					
and is be	yond 1	my qu	alification,	I sha	ll forf	eit my righ	nt to th	e post	and claim	s relat	ting
thereto	-							-			
						(Signatur	e of the	e candi	date with I	Disabil	lity)
Place:											
Date:											