



## Annexure-II

## Letter of Undertaking for Using Own Scribe

, a candidate with	(name of the disability)
(name of the	examination) bearing Application No
(name of the	centre) in the District
(name of the State). My qualific	cation is
(name	of the scribe) will provide the service of
ndersigned for taking the aforesai	d examination.
lification is	. In case, subsequently,
not as declared by the undersigned	ed and is beyond my qualification, I shall
nd claims relating thereto.	
(Signature	e of the candidate with disability)
Phot	ograph of Scribe
(Self	AND MARK TO SERVICE OF THE SERVICE O

Name of Scribe	ID of the Scribe	ID Number
A THE STANSON CONTRACTOR	SOUR PLANTAGE TO SOUR	PEDITORIA CONTRA