Conduct of Computer Based Test/Examination for recruitment of Various Posts in GAIL Examination Date: 01-12-2024 (SUNDAY)

SCRIBE DECLARATION FORM DECLARATION BY CANDIDATE WITH DISABILITY

I							
Addr	ess:						
Roll I	Number :	for	the examination	on for the post of			
					hereby declare that S/o, W/o,D/o:		
Addr							
has a	agreed on my requ	est to act as my	scribe for the a	bove online computer	based test/examination.		
I do	hereby underta	ke that qualific	ation of my so	cribe is	·		
In ca	se, subsequently	it is found that	his qualification	on is not as declared	by me and beyond my		
quali	fication, I shall for	feit my right to t	he post and cla	ims relating thereto.			
		DECI	LARATION BY S	CRIBE/WRITER			
I			S/o,V	V/o,D/o			
Addr	occ.						
Auui	ess.						
holder of identification							
					S/o, W/o, D/o		
the (type of disability) candidate having Roll No the examination for the post of (Post Code:) exam sched							
	and se			_(1 03t code			
I dec box):		cational qualifica	ation as on date	2	is (Tick the		
	Below Matric (Below 10 th)	Matric(10 th)	10+2	Graduate	Post Graduate		

Space for pasting of recent passport size photograph of Scribe to be cross self-attested

Space for pasting of recent passport size photograph of Candidate to be cross self-attested

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the candidate.

Signature of Scribe

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 Candidate with Disability