## DECLARATION TO BE SUBMITTED BY VISUALLY HANDICAPPED CANDIDATES/

## THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY

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7. 8

DADTION ADO OF CODIDE DECEMBED TO DE ENGA	OED DY THE GANDIDATE
PARTICULARS OF SCRIBE PROPOSED TO BE ENGA	GED BY THE CANDIDATE  Control No : (for office use)
Name of the Candidate Date of Birth of the Candidate Name of the Scribe Father's Name of the Scribe Address of the Scribe : (a) Permanent Address :	Paste here recent colour photograph of the SCRIBE of size 35 cm x 35 cm (The colour photograph should not be more than 3 months old)
(b) Present Address:	Signature of the SCRIBE in the above box below the photograph
Educational Qualification of the Scribe	
Relationship, if any, of the Scribe to the Candidate	he best of our knowledge and belief. We have read / been read out the ually challenged candidates/scribes at this examination and hereby sed for the post applied for.
\$	\$
(Signature of the Candidate)	(Signature of the Scribe)
Left Thumb impression of the Candidate in the box given above	Left Thumb impression of the Scribe in the box given above