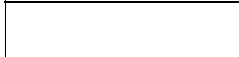**LETTER OF UNDERTAKING FOR USING SCRIBE**

NOTE: Candidates who are Visually Impaired(VI)/candidates whose writing speed is affected by Cerebral Palsy /muscular dystrophy/ candidates with locomotor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate ....
2. Roll No ……….…………………………………………………
3. Name of CBT Center …….……………………………………
4. Qualification of Candidate …………………………………
5. Disability Type …..………………………………………………
6. Name of the Scribe ....
7. Date of Birth of the Scribe …...
8. Father's Name of the Scribe ....
9. Address of the Scribe :
   (a) Permanent Address
   ....
   (b) Present Address ....
   ....
10. Educational Qualification of the Scribe ....
    ....
    ....
11. Relationship, if any, of the Scribe to the Candidate ……...............

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 cmx 4.5cm (The colour photograph should not be more than 3 months old.
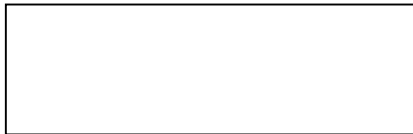
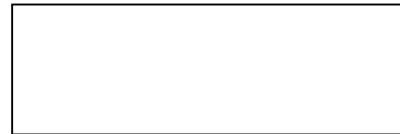Signature of SCRIBE in the above box below the photograph

12. DECLARATION:
    i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the Railway Recruitment Board regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.
    ii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.
    iii) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

_____
(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

Signature of the Invigilator