Conduct of Computer Based Test/Examination for recruitment of Various Posts in GAIL Examination Date:21-11-2022						
SCRIBE DECLARATION FORM DECLARATION BY CANDIDATE WITH DISABILITY						
١			S/o,W	/o,D/o		
Addr	ess:					
(Post	Code: Vis) exam	n schedule on	Session_	hereby declare tha	
has a	greed on my requ	est to act as my s	cribe for the ab	ove online compute	r based test/examination.	
		feit my right to th	·	ms relating thereto.	by me and beyond my	
I	S/o,W/o,D/o					
	er of identification				have agreed to act as scribe	
			(type of disability) candidate having Roll Nofor			
	xamination for the and se		(Post Code:) exam scheduled	
l dec box):		cational qualifica	tion as on date <u>.</u>		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

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

Signature of Scribe

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. 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