



## SJVN LIMITED

(A Joint Venture of Govt. of India & Govt. of Himachal Pradesh)  
A Navratna PSU | ISO 9001:2015 Certified Company  
CIN: L40101HP1988GOI008409

### DECLARATION BY CANDIDATE WITH DISABILITY

I

\_\_\_\_\_ S/o,W/o,D/o \_\_\_\_\_

—

R/o \_\_\_\_\_

—

Roll Number : \_\_\_\_\_ for the examination for the post of \_\_\_\_\_

\_\_\_\_\_ (Post Code : \_\_\_\_\_) exam schedule on \_\_\_\_\_ session \_\_\_\_\_

hereby declared that Mr./Ms. \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_

\_\_\_\_\_, R/o \_\_\_\_\_ has

agreed on my request to act as my scribe for the above online computer-based test/examination.

I do hereby undertake that qualification of my scribe is \_\_\_\_\_. In case, subsequently it is found that his qualification is not as declared by me and beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

### DECLARATION BY SCRIBE/WRITER

I

\_\_\_\_\_ S/o,W/o,D/o \_\_\_\_\_

—

R/o \_\_\_\_\_

—

holder of identification \_\_\_\_\_ have agreed to act as scribe for Mr./Ms. \_\_\_\_\_

\_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_ the

\_\_\_\_\_ (type of disability) candidate having Roll No.

\_\_\_\_\_ for the examination for the post of \_\_\_\_\_ (Post Code:

\_\_\_\_\_) exam scheduled on \_\_\_\_\_ and session \_\_\_\_\_.

I declared that my educational qualification as on date \_\_\_\_\_ is (Tick the box):

Below Metric	Metric	10+2	Graduate	Post Graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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 Scribe**

**Signature of Candidate With Disability**

**Note: The candidate & scribe should report at half hour before the normal reporting time at the Exam Centre for this purpose.**