

EXAMINATION FOR RECRUITMENT FOR GROUP "D"  
Particulars of the Scribe proposed to be engaged by the Candidate



- 1. NAME AND ROLL NO OF THE BLIND CANDIDATE .....
- 2. DATE OF BIRTH .....
- 3. CENTRE OF EXAMINATION .....
- 4. NAME OF THE SCRIBE .....
- 5. FATHER'S NAME OF SCRIBE .....
- 6. ADDRESS OF THE SCRIBE .....
- (a) PERMANENT ADDRESS .....
- (b) POSTAL ADDRESS .....
- 7. EDUCATION QUALIFICATION OF THE SCRIBE  
    ( UPTO 9<sup>TH</sup> STANDARD) .....
- 8. RELEATIONSHIP, IF ANY OF THE SCRIBE TO THE CANDIDATE .....

DECLARATION

We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/have read out the instructions of the Railway Recruitment Cell regarding conduct of the visually challenged candidates/scribes at this examination and herby undertake to abide by them.

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(Signature of the candidate)

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(Signature of the Scribe)