

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY (GGSIPU)

Sector – 16C, Dwarka, New Delhi - 110078

Conduct of Computer Bases Test for admission in various programme in GGSIPU

DECLARATION BY THE BLIND/OH CANDIDATE

I _____ S/o,W/o,D/o _____
R/o _____
Roll Number : _____ for the examination for the programme of _____
_____ (Programme Code : _____) exam schedule on ____/____/2021 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.

DECLARATION BY THE 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
Blind / Partly Blind / OH candidate having Roll No. _____ for the examination for the
programme of _____ (Programme Code: _____) exam scheduled on ____/09/2020
and Session _____.

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

Below Metric	Metric	10+2	Graduate	Post Graduate

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recent passport size
photograph of
Scribe to be cross
self attested

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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.

Signature of Scribe

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 the Blind/OH Candidate

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