



**CET CELL**

No.GGSIPU/COE-II/CET-2026/ 1175

Dated: 20.04.2026

**Notice For Pwd Candidates For CET-2026**

**Subject: Scribe declaration by PwD Candidates for CET-2026**

In accordance with the Rights of Persons with Disabilities Act (RPwD Act, 2016) and the guidelines issued by the Government of India to ensure reasonable accommodation and equal opportunity for persons with benchmark disabilities in examinations.

All PwD candidates appearing for various programmes of GGSIP University CET-2026, who wish to apply for permission to use their own scribe are hereby informed to submit their request via email at [coe2@ipu.ac.in](mailto:coe2@ipu.ac.in) or in person at least 03 days before the date of CET examinations as per following details, to the O/o COE-II, Room No. 025, Admin Block, GGSIP University, Sector 16C, Dwarka, New Delhi-110078.

|   |       |
|---|-------|
| 1. Name of Applicant                      | ..... |
| 2. Application No.                        | ..... |
| 3. Name of the Scribe                     | ..... |
| 4. Type of Disability<br>(Please mention) | ..... |
| 5. Copy of Aadhar Card of Scribe          | ..... |
| 6. Undertaking<br>(Scribe qualification)  | ..... |

***Note:- The qualification of the scribe must be one level below than the candidate appearing in CET. An undertaking must be given with application in this regard.***

**Dr. S.L. Bhandarkar,  
(Controller of Examination-II)**

**Copy to:**

1. Incharge (UITS) with request to upload the same on the University Website.

**Letter of Undertaking for Using Own Scribe**

I..... a candidate with..... (name of the disability) appearing for the ..... (CET Code)..... (Programme Name) bearing Roll No. .... at..... (name of the centre) on ...../...../..... My qualification is .....

I do hereby state that ..... (name of the scribe) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is ..... In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, my candidature may be forfeited, and I shall have no claim whatsoever against the University.

(Signature of the candidate with Disability)

Place :

Date :



**CET CELL**

No.GGSIPU/COE-II/CET-2026/

Dated: \_\_\_\_\_

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequent upon the request of the candidate(s), following candidate is hereby allowed to appear in CET along with his/her scribe.

Name of Candidate .....  
Application No. ....  
Roll No. ....  
CET Code .....  
Programme Name .....  
Date of Exam .....  
Shift .....  
Centre Code .....  
Centre Name .....  
Type of Disability .....  
Name of the Scribe .....

You are therefore, directed to allow above mentioned candidate to appear in CET with his/her scribe. In case, candidate is unable to bring his/her scribe, Centre Superintendent shall arrange scribe for him/her.

**Dr. S. L. Bhandarkar**  
**(Controller of Examination-II)**

**Copy to Candidate with direction to bring the following:**

1. Valid Disability Certificate issued by the Competent Authority.
2. Identity poof and qualification details of scribe.
3. Undertaking by candidate that the qualification of scribe is below than candidate.