STAFF SELECTION COMMISSION

PROFORMA IN RESPECT OF PH CANDIDATE WITH OWN SCRIBE

1	Name of the Exam	: COMBINED HIGHER SECONDARY LEVEL EXAMINATION (TIER-II) 2020
2	Date & Shift of Examination	: 09/01/2022
3	Name of the Candidate	: _____
4	Roll No	: _____
5	DATE OF BIRTH OF THE CANDIDATE	: _____

OWN SCRIBE PROFORMA

(TO BE FILLED IN BY THE OWN SCRIBE)

PHOTOGRAPH OF THE SCRIBE

6. NAME OF OWN SCRIBE: .....
7. DATE OF BIRTH OF SCRIBE : .....
8. SCRIBE'S FATHER'S NAME: .....
9. SCRIBE'S MOTHER'S NAME: .....
10. SCRIBE'S AADHAAR NUMBER AND COPY OF AADHAAR CARD: .....
11. SCRIBE'S EMAIL ID: .....
12. SCRIBE'S MOBILE NUMBER: .....
13. COPY OF LAST EQ CERTIFICATE OF SCRIBE: .....
14. UNDERTAKING FROM SCRIBE THAT HE/SHE IS NOT A CANDIDATE FOR THE EXAM IN WHICH HE/SHE IS ACTING AS SCRIBE.
15. CORRESPONDENCE ADDRESS OF THE SCRIBE: .....

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16. Mobile No of SCRIBE : .....
17. RELATIONSHIP, IF ANY, OF THE SCRIBE TO CANDIDATE: .....

DECLARATION

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I have read the instructions of the SSC regarding conduct of Exam for the Physically Handicapped persons/candidates and SCRIBES at the above examination and I hereby undertake to abide by them.

(Signature of the scribe)

(To be signed in the Examination Hall)

Signature of the Candidate

Signature of the scribe

Signature & Name of invigilator posted with THE VH CANDIDATE

SIGNATURE & NAME OF VENUE HEAD