



Govt. of NCT OF DELHI
Delhi Subordinate Services Selection Board
FC-18, Institutional Area, Karkardooma, Delhi – 110 302.
www.dsssb.delhigovt.nic.in, Phone No. 011-22370237

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./Mrs. _____ S/o,W/o,D/o _____
R/o _____
the Blind candidate having Roll No. _____ for the post
of _____ (Post Code _____)
scheduled for _____.

Space for pasting
of recent passport
size photograph
of scribe to be
attested by a
Gazetted Officer

My maximum educational qualification as on date: _____ is (Tick the box)

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

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the candidate. My photograph pasted on this declaration has been duly attested by a gazetted officer whose particular are given below:-

1. Name of gazetted officer : _____
2. Designation : _____
3. Office Address & Phone No.: _____
4. Signature & Seal : _____

Signature of Scribe

Signature of the Blind Candidate

Signature & Stamp of Superintendent , DSSSB

Note 1: The scribe is required to bring the following attested documents (i) Identification proof (ii) Educational qualification (iii) Two recently taken passport photograph at the examination centre on the day of exam for the verification by an officer (not below the rank of Superintendent) of the Board. The candidate & scribe should report at least one hour before the normal reporting time at the Exam Centre for this purpose.

Note 2: The year of passing of the maximum educational qualification mentioned above must be in accordance with the instructions given in the notice of Examination/General instructions to the candidates.



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DECLARATION BY BLIND CANDIDATE

I _____ S/o,W/o,D/o _____
R/o _____
Roll Number _____ for the examination for the post of
_____ (Post Code _____) scheduled for _____
do hereby declare that Mr./Ms. _____ S/o,D/o,W/o _____
R/o _____
has agreed on my request to act as my scribe for the above written examination.

My scribe has declared that his/her educational qualification as on date: _____ is (Tick the box)

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

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 Candidate

Space for pasting
of recent passport
size photograph
of scribe to be
attested by a
Gazetted Officer

Signature of Scribe

Signature & Stamp of Superintendent , DSSSB