

## LETTER OF UNDERTAKING FOR USING SCRIBE

- NOTE:** 1. In case of persons with benchmark disabilities in the category of Blindness, Locomotor Disability (Both Arm affected – BA) and Cerebral Palsy, the facility of scribe shall be given, if so desired by the person. The candidate can avail the assistance of scribe after submission of letter of undertaking as per Annexure V(D) at the examination centre.
2. In case of other category of persons with benchmark disabilities, the provision of scribe can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Health Care institution. The candidate can avail the assistance of scribe after producing the certificate as per Annexure V(G) and submission of letter of undertaking as per Annexure V(D) at the examination centre.
3. The PwBD persons having less than 40% disability (covered under the definition of Section 2(s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act) and having difficulty in writing can also avail the assistance of scribe for writing answers on their behalf after producing the certificate as per Annexure V(E) and submission of letter of undertaking as per Annexure V(F) at the examination centre.

### PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate.....
2. Roll No.....
3. Name of CBT Center.....
4. Qualification of Candidate.....
5. Disability Type.....
6. Name of Scribe .....
- 6a) My scribe Onetime Registration Number (OTR) with RRBs is:
7. Date of Birth of the Scribe.....
8. Father's Name of the Scribe.....
9. Address of the Scribe:
  - (a) Permanent Address.....
  - (b) Present Address.....
10. Educational Qualification of the Scribe.....
11. Relationship if any, of the Scribe to the Candidate.....

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 cm x 4.5 cm (The colour photograph should not be more than TWO months old)

### 12. DECLARATION:

- i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/been read out the instructions of the Railway Recruitment Board regarding conduct of the candidates assisted by Scribe/Scribes at this examination and here by undertake to abide by them.
- ii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.
- iii) We declare that the scribe has not acted /will not act as Scribe to any other candidate of this examination.
- iv) We declare that educational qualification of scribe is one step below the educational qualification of the Candidate taking examination. In case subsequently it is found that the qualification of the scribe is not as declared by the scribe, and it is beyond the qualification of the candidate taking examination, the candidate shall forfeit to the post and claims relating thereto.

(Signature of the Candidate)

Left thumb impression of the candidate  
in the box given above

(Signature of the Scribe)

left thumb impression of the Scribe  
in the box given above

Signature of the Invigilator

**Certificate for person with specified disability covered under the definition of section 2(s) of the RPwD Act, 2016 but not covered under the definition of section 2( r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing**

1. This is to certify that, we have examined Mr./Ms/Mrs..... (name of the Candidate), S/o/D/o ..... a resident of..... (Village/ P.O./ P.S./ District/ State), aged .....years, a Person with..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.
2. The above candidates uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.
3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid up to..... (it is valid for maximum period of six months or less as may be certified by the medical authority).

Signature of Medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/ PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer..... Chairperson				

**Name of Government Hospital/ Health Care centre with seal**

**Place:**

**Date:**

## LETTER OF UNDERTAKING BY THE PERSON HAVING LESS THAN 40% DISABILITIES AND HAVING DIFFICULTY IN WRITING

Paste here recent colour  
Passport Size photograph of  
the scribe of size 3.5 cm x 4.5  
cm (The colour photograph  
should not be more than  
TWO months old.

Signature of scribe in the above  
box (i.e in the box below the  
photograph)

Letter of Undertaking by the person with specified disability covered under the definition of Section 2(s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

1. I ----- a candidate with ----- (nature of disability / condition) appearing for the -----  
(name of the examination) bearing Roll No. ----- at ----- (name of the centre) in the District-----,  
----- (name of the state). My educational qualification is -----.
2. I do here by state that----- (name of the scribe) will provide the service of scribe for the undersigned for taking  
the aforementioned examination.
3. 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, I shall forfeit my right to the post or  
certificate/diploma/degree and claims relating thereto.
4. My scribe Onetime Registration Number (OTR) with RRBs is .....

(Signature of the candidate)

(Counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

**CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE**

This is to certify that, I have examined Mr/Ms/Mrs \_\_\_\_\_ (name of the candidate with disability), a person with \_\_\_\_\_ (nature and percentage of disability as mentioned in the certificate of disability), S/O / D/O \_\_\_\_\_, a resident of \_\_ (Village / District/ State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

**Signature****Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution****Name & Designation****Name of Government Hospital/Health Care Centre with Seal****Place:****Date:**

**Note: Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment – Ophthalmologist, Locomotor Disability-Orthopaedic specialist/PMR).**