

SCRIBE DECLARATION FORM-AIIMS PATNA 2019



अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

		SCRIBE	CANDIDATE
		Signature:	Signature:
		Name:	Name:
		Address:	Roll No:
			Address:
		Highest Educational qualification:	Highest Educational qualification:
		Date of Birth:	Date of Birth:
Photo of the Candidate	Photo of the Scribe	Mobile No.:	Mobile No.:

1. Scribe to bring an original photo and Photocopy of valid Photo ID Card on the day of the test
2. Visually Impaired Candidates shall be allowed additional time of 20 minutes during only MCQ section of the examination if only availing the facility of scribe.
3. The candidate has ensured that the scribe is (a) not a candidate for this examination (b) Qualification of scribe is below 10th standard.
4. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the written test(s). If any of these shortcomings is/are detected even after the candidate's admission his/her candidature are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

I, _____ (Scribe) certify that I am not a candidate for this examination.
(Name of Scribe)

I, _____ the candidate for this admission test certify that I have ensured that
the (Name of candidate)

Above scribe is not appearing for this examination.

(Signature of Invigilator)