



DELHI DEVELOPMENT AUTHORITY

E-1, Vikas Sadan, New Delhi – 110023
(Advt. No. 01/2019/Rectt.Cell./Pers./DDA)

**Conduct of online Computer Bases Test for recruitment to various posts in
Delhi Development Authority (DDA)**

DECLARATION BY THE BLIND/OH CANDIDATE

I _____ S/o,W/o,D/o _____
R/o _____
Roll Number : _____ for the examination for the post of _____
_____ (Post Code : _____) exam schedule on _____/03/2019session _____
hereby declared that Mr./Ms. _____ S/o, W/o, D/o _____
_____, R/o _____ has
agreed on my request to act as my scribe for the above online computer based test/examination.

DECLARATION BY THE SCRIBE/READER

I _____ S/o,W/o,D/o _____
R/o _____
holder of identification _____ have agreed to act as scribe for Mr./Ms. _____
_____ S/o, W/o, D/o _____ the
Blind / Partly Blind / OH candidate having Roll No. _____ for the examination for the
post of _____ (Post Code: _____) exam scheduled on _____/03/2019
and Session _____.

I declared that my educational qualification as on date _____ is (Tick the box):

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

Space for pasting of recent passport size photograph of **Scribe** to be cross self attested

Space for pasting of recent passport size photograph of **Candidate** to be cross self attested

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the candidate.

Signature of Scribe/Reader

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/Thumb Impression of the Blind/OH Candidate

Note: The candidate & scribe should report at half hour before the normal reporting time at the Exam Centre for this purpose.