

Particulars of the SCRIBE proposed to be engaged by the Visually Handicapped Candidates.

1. Name of the Candidate : _____

2. Roll Number of the Candidate : _____

3. Name of the Post : _____

4. Examination Venue : _____

5. Date of Birth of Candidate : _____

6. Name of SCRIBE : _____

7. Father's name of the SCRIBE : _____

8. Address of the SCRIBE :

(a) Postal Address :

(b) Permanent Address : _____

9. Educational qualification of the SCRIBE (please enclose certificate) : _____

10. Relationship, if any, of the SCRIBE to the Candidate: _____

DECLARATION

We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read and understood the instructions of the AEES regarding conduct of the candidates / SCRIBE at this examination and hereby undertake to abide by them.

Signature / LTI of the Candidate_____
Signature of the SCRIBE_____
LTI of the Scribe

Note : Please fill up this form completely and paste the signed photograph of the SCRIBE who will help in written examination as SCRIBE and send the form to the AEES HELPDESK and send **latest by 08/ 06/ 2022.**

Please paste a recent passport size colour photo of the applicant duly signed on it.

Please paste a recent passport size colour photo of the SCRIBE duly signed on it.