

### **Declaration by PwBD Candidate for Availing Scribe and/or Compensatory Time**

I, \_\_\_\_\_ (Name of Candidate), Registration/Application No. \_\_\_\_\_, hereby declare that I am a Person with Benchmark Disability (PwBD) and am eligible to avail the facility of Scribe and/or Compensatory (Additional) Time for the Computer Based Test (CBT) examination, in accordance with the applicable provisions, rules, guidelines, and notifications issued by the Government of India from time to time.

I further declare that all information, certificates, documents, and particulars submitted by me in support of my request are true, correct, genuine, valid, and complete to the best of my knowledge and belief.

I understand and agree that the Exam Cell/Recruiting Authority reserves the right to verify my eligibility, documents, certificates, and declarations at any stage of the recruitment process, including but not limited to the application stage, examination stage, document verification stage, result processing stage, appointment stage, and even after joining service.

I further understand and agree that if, at any stage, including after my appointment or joining service, it is found that:

- I was not eligible for the facility of Scribe and/or Compensatory Time claimed by me;
- Any information, declaration, certificate, or document submitted by me is false, incorrect, misleading, forged, fabricated, or suppressed; or
- I have violated any applicable rules, conditions, or guidelines governing the grant of such facilities,

then the Exam Cell/Recruiting Authority shall have the right to cancel my candidature, withdraw any benefit granted to me, invalidate my examination result, revoke my selection, terminate my services/employment, and take any other action deemed appropriate under the applicable rules.

I also expressly agree that the Exam Cell/Recruiting Authority may initiate legal, disciplinary, civil, criminal, or other proceedings against me as permissible under law, and I shall be solely responsible for all consequences arising therefrom.

Further, I undertake that I shall not raise any representation or claim, appeal, representation, dispute, or seek any compensation against the decision of the Exam Cell/Recruiting Authority regarding cancellation of candidature, withdrawal of benefits, cancellation of selection, or termination of service arising out of my ineligibility, false declaration, misrepresentation, suppression of facts, or non-compliance with the applicable rules.

I am making this declaration voluntarily, with full understanding of its contents, implications, and consequences.

**Signature of Candidate:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Registration/Application No.:** \_\_\_\_\_

**Adhaar No.:** \_\_\_\_\_

**UDID No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_