

OFFICE OF THE DISTRICT & SESSIONS JUDGE (HQs): DELHI

(Form to be filled in by the Scribe in case of visually handicapped candidates with visual disability of 40% and above and candidates suffering from cerebral palsy)

SI NO.	Description	
1.	Name of Candidate	
2.	Application No.	
3.	Roll No.	
4.	Name of Scribe	
5.	Percentage of Scribe	
6.	Address of Scribe	
7.	D.O.B of Scribe	
8.	Contact No. of Scribe	
9.	Education Qualification of Scribe	
10.	Identity Proof of Scribe (Aadhaar Card / PAN Card / Driving License / Voter ID Card / Passport) (Attach a copy of the same)	

(Signature of Candidate)

(Signature of Scribe)

Declaration

I, _____, scribe of _____, do hereby
(name of scribe) (name of candidate)

certify that the above information furnished by me herein above is true and correct.

(Signature of Scribe)