MAHARASHTRA INDUSTRIAL DEVELOPMENT CORPORATION





Declaration form for Use of Scribe

Date of the ExamShift	
Details of the Scribe: Full Name of the scribe: Residential Address: Mobile No: Highest Qualification Possessed	
Full Name of the scribe: Residential Address: Mobile No: Highest Qualification Possessed	
Residential Address: Mobile No: Highest Qualification Possessed	
Mobile No:	
Highest Qualification Possessed	
Examination Board/University Year of pa	ya in a
	sing
Declaration by the Scribe I certify that the particulars as given above are correct and that I do not possess qualification his the candidate for whom I have been asked to act as a Scribe. I am not related to the candidate. I state that in case it is subsequently noticed that I have given wrong information or have we concealed information directly connected with my acting as a Writer, I shall submit myst disciplinary action. Declaration by the Candidate I certify that I fulfill the conditions for use of scribe. I also certify that the scribe is not related to am aware that at any stage of admission process, if any of the above fact is found to be incorrected.	further illfully elf for o me. I
admission is liable to be cancelled. Photo of the Scribe Signature of the Candidate Signature of the Observing Officer	