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| **UCIL.jpg** | **URANIUM CORPORATION OF INDIA LIMITED**  **(A Government of India Enterprise)**  **Corporate Office at - PO:Jaduguda Mines, Distt.-Singhbhum (East), Jharkhand – 832102** |

**Conduct of Computer Based Test for Recruitment of Various Posts in UCIL**

**DECLARATION BY THE CANDIDATE**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o / W/o / D/o. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the examination for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Post Code : \_\_\_\_\_\_\_\_\_\_\_\_) exam schedule on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_session \_\_\_\_\_\_\_\_\_\_\_\_\_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/WRITER**

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 postof \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_) exam scheduled on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

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

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| --- | --- | --- | --- | --- |
| Below Metric | Metric | 10+2 | Graduate | Post Graduate |
|  |  |  |  |  |

|  |  |  |  |
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| 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 |

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| --- | --- | --- |
| If the above declaration is found false, I shall be solely responsible for the consequences andloss suffered by the candidate. |  | If the above declaration is found false, I shall be solely responsible for the consequences. I amengaging the above scribe at my own cost and risk. I Understand that if the declaration of the scribe isfound false, I may be debarred from the examination. |
| **Signature of Scribe** |  | **Signature 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.***

SCRIBE DECLARATION FORM

**GUIDELINES REGARDING PERSONS WITH DISABILITIES**

Those candidates who are visually impaired or affected by cerebral palsy with loco-motor impairment and/or whose writing speed is affected permanently for any reason can use own scribe at own cost during the online examination. In all such cases where a scribe is used, the following rules will apply:

1. Please ensure you are eligible to use a scribe as per the Government of India rules governing the recruitment of Persons with Disabilities (Refer O.M Dated 26th February 2013, Ministry of Social Justice & Empowerment).
2. The candidate will have to arrange his own scribe at his own cost.
3. The scribe can be from any academic discipline.
4. Both, the candidate as well as the scribe, will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe, confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that she/he did not fulfils any of the laid-down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the examination.
5. Such candidate who uses a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination. (Visually Impaired candidates who do not use scribe will also be eligible for compensatory time of 20 minutes for every hour of the examination.)
6. The scribe shall only record the answer as suggested by the candidate and shall not import his/her knowledge/ make any gesture / sound or movement to indicate correctness or otherwise of any answer option.

**DECLARATION**

We, the undersigned, Shri/Smt/Kum. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_eligible candidate for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ examination and Shri/Smt/Kum.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ eligible writer (scribe) for the eligible candidate, do hereby declare that:

1. The scribe is identified by the candidate at his/her own cost and as per own choice.

The candidate is **blind/low vision** or affected by **cerebral palsy** with **loco-motor impairment and/or his/her writing speed is permanently affected** and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.

1. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
2. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe.
3. We undertake to comply with the directions of the invigilator at the centre and try not to disturb other examinees.
4. We shall abide by all the guidelines issued by Uranium Corporation of India Limited,(UCIL).
5. In view of the fact that multiple appearance / attendance in the examination are not permitted, the candidate undertakes that he/she has not appeared / attended the examination more than once and that the scribe arranged by him/her is not a candidate for the examination. Also, the same scribe cannot be used by more than one candidate. If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be cancelled.
6. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfil the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the examination. If any of these shortcoming(s) is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution . **Given under our signature: -**

Signature of the Scribe Signature of the Candidate

Registration No. :

Roll No.:

Postal address: Postal address:

STD Code: ……... Phone No…………… STD Code: ……….......... Phone No..………….......

[Cell No., if any ……………..….....………….] [Cell No., if any …….................…………………….]

Name of Invigilator :....................................................

Signature of Invigilator ............................................