

DELHI CANTONMENT BOARD
 OPP. CANTT GENERAL HOSPITAL, SADAR BAZAAR DELHI CANTT- 110010
www.cbdelhi.in, Phone No. 011-25693837, 25695450

DECLARATION BY PH/VH/VI CANDIDATE

I _____ S/o, W/o, D/o _____
 R/o _____ Roll
 Number _____ for the examination for the post of
 _____ (Post Code _____) scheduled for _____ do
 Hereby declare that Mr./Ms. _____ S/o, D/o, W/o _____ do
 R/o _____ has
 Agreed on my request to act as my scribe for the above written examination.

My scribe has declared that his/her educational qualification as on date : _____ is (Tick the box)
 aa

Below Matric	Matric	10 + 2	Graduate	Post Graduate

If the above declaration is found false, I shall be solely responsible for the consequences. I am engaging the above scribe at my own cost and risk. I understand that if the declaration of the scribe is found false, I may be debarred from the examination.

Signature of the PH/VH/VI Candidate

Signature of Scribe

Space for pasting of recent passport size photograph of scribe to be attested by a Gazetted Officer

 Signature & Stamp of Authorised Official
 of Delhi Cantonment Board