



Form for Choice of Scribe

Enrolment ID			
Name of the Candidate			
Qualifying Degree		Qualifying Discipline	
Percentage of Disability		Nature of Disability	
Date of Exam	02 February, 2025	Test Paper - I	
		Test Paper - II	

	Declaration by the candidate	Please tick and sign against the appropriate declaration (only one)
(a) <input type="checkbox"/>	<p>I have understood the meaning of scribe and <u>I do NOT require scribe</u> assistance for JAM 2025.</p> <p>Note: If you declare this option, you have to sign against (a) in this declaration and submit it.</p>	<p>Signature of the candidate</p> <p>Date:</p>
(b) <input type="checkbox"/>	<p>I have understood the meaning of scribe and <u>I request Organizing Institute, JAM 2025 to arrange for a scribe assistance</u></p> <p>Note: If you declare this option, you have to sign against (b) in this declaration and submit along with Form - I and APPENDIX - I.</p>	<p>Signature of the candidate</p> <p>Date:</p>
(c) <input type="checkbox"/>	<p>I have understood the meaning of scribe and <u>I shall arrange my OWN scribe for assistance</u></p> <p>Note: (i) If you declare this option, you have to sign against (c) in this declaration and submit along with Form - II, Form - III and APPENDIX - I.</p> <p>Note: (ii) Since you have opted to arrange your own scribe, Organizing Institute, JAM 2025 will not be responsible to arrange the scribe.</p>	<p>Signature of the candidate</p> <p>Date:</p>



Declaration to be made by the PwD candidate requesting the assistance of scribe from Organizing Institute, JAM 2025	FORM I
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Enrolment ID.			
Name of the Candidate			
Date of Exam	02 February, 2025	Test Paper - I	
		Test Paper - II	

Declaration to be made by the PwD candidate (with JAM 2025 scribe assistance)	
<p>I hereby declare that:</p> <ul style="list-style-type: none"> • I request Organizing Institute, JAM 2025 to arrange for scribe assistance. • I have read and fully understood the instructions and meaning of scribe and the nature of assistance that a scribe can provide to me in the JAM 2025 Examination. • I have read and fully understood the instructions and meaning of scribe and the nature of assistance that a scribe can provide to me in the JAM 2025 Examination. • My physical disability is such that the assistance of a scribe is essential to me in the JAM 2025 Examination. I will engage the scribe only for reading the question paper, instructions on the screen and/or in mouse-clicks, if I am not able to do so. • I will not engage the scribe in any type of communication other than the above and shall not ask the scribe to translate, emphasize or interpret the contents of the test paper. • In case I am found to violate any of the above guidelines, or my declaration is found to be incorrect, my JAM 2025 candidature will stand disqualified. 	
Date:	Signature of the scribe



Declaration to be made by the PwD candidate requesting the assistance of OWN scribe	FORM II
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Enrolment ID.			
Name of the Candidate			
Date of Exam	02 February, 2025	Test Paper - I	
		Test Paper - II	

Declaration to be made by the PwD candidate (with OWN scribe assistance)
<p>I hereby declare that:</p> <ul style="list-style-type: none"> • I shall arrange my own scribe. • Since I have opted to arrange my own scribe, Organizing Institute, JAM 2025 will not be responsible to arrange the same. • I read and fully understood the instructions and meaning of scribe and the nature of assistance that a scribe can provide to me in the JAM 2025 Examination. • My physical disability is such that the assistance of a scribe is essential to me in the JAM 2025 Examination. I will engage the scribe only for reading the question paper, instructions on the screen and/or in mouse-clicks, if I am not able to do so. • I will not engage the scribe in any type of communication other than the above and shall not ask the scribe to translate, emphasize or interpret the contents of the test paper. • In case I am found to violate any of the above guidelines, or my declaration is found to be incorrect, my JAM 2025 candidature will stand disqualified. • I do hereby state that _____ (name of the scribe) will provide the service of scribe / reader for myself for taking the aforesaid examination. • I do hereby undertake that his/her highest qualification is _____. In case, subsequently it is found that his/her qualification is not as declared by myself and is not one step below my qualification, my JAM 2025 candidature will stand disqualified.
<p>Date: _____</p> <p style="text-align: right;">Signature of the scribe _____</p>



To be filled by the scribe if the Candidate has arranged OWN scribe	FORM III
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Enrolment ID.			
Name of the Candidate			
Date of Exam	02 February, 2025	Test Paper - I	
		Test Paper - II	

Name of the scribe (as in identity card)		Paste photo of the scribe here
Date of birth of the scribe (dd/mm/yyyy)		
Address of the scribe		
Email ID of the scribe		Mobile number of the scribe

Educational qualification (highest) of the scribe					
Relation between candidate and scribe, if any					
ID Proof of the scribe	Driving Licence	Passport	PAN Card	Voter ID Card	Aadhaar Card
ID Proof No.					

Declaration to be made by the scribe	
<p>I hereby declare that:</p> <ul style="list-style-type: none"> I have read and fully understood the instructions and meaning of scribe and the nature of assistance that a scribe can provide to a PwD candidate in the JAM 2025 Examination. During the examination, I will not engage in any type of communication with the candidate other than reading verbatim the Examination related instructions and the test paper that appear on the computer screen and in mouse-clicks, if the candidate is not able to do so. I shall not translate, emphasize or interpret the contents of the test paper, even if I am asked to do so by the candidate. I will carry an original photo identification card of myself for producing the same at the time of examination. My highest qualification is _____. 	
Date:	Signature of the scribe



APPENDIX - I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr./Ms./ _____
(name of the candidate with disability), a person with _____
(nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o
_____ a resident of _____
(Village/District/State) and to state that he/she has physical limitation which hampers his/her
reading/writing capabilities owing to his/her disability.

Signature
Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Government health care Institution

Name & Designation
Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream / disability (e.g., Visual Impairment- Ophthalmologist, Locomotor disability – Orthopedic specialist / PMR).