

SCRIBE DECLARATION FORM for NMAT

Please fill up the DECLARATION and submit along with the appointment confirmation letter.

DECLARATION

We, the undersigned, Mr./Mrs./Ms./Dr. _____ **eligible Test taker** for NMAT by GMAC™ Examination on _____ and Mr./Mrs./Ms./Dr. _____ **eligible writer (Scribe)** for the eligible Test taker, do hereby declare that:-

1. The Scribe is identified by the Test taker at own cost and as per own choice
2. The Scribe's educational qualifications are not more than mine
3. The Scribe information is as below:

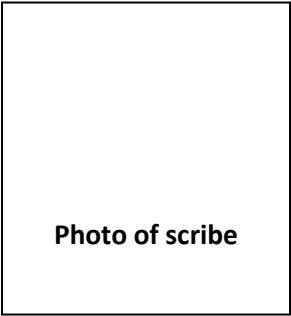
(a) **Grades in the last appeared exam:**

Grade (whether Graduate, Post Graduate etc.)	
Test taker	Scribe

(b) **Academic stream:**

Academic Stream (whether arts, commerce, science etc.)	
Test taker	Scribe

4. The test taker has a visual disability (blind/low vision) that limits the ability to read print material or is an individual with a physical disability that impacts his/her writing speed necessitating the use of a writer (scribe).
5. 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 the exam that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), test taker shall be barred from taking the exam and the registration fee shall be forfeited. GMGC reserves the right to lodge a complaint with the police authorities against both the signatories (test taker & scribe).



Signature of the Scribe

Signature of the Test taker

Registration ID: _____

Postal address:

Postal address:

Phone No of Scribe _____

Phone No of Test taker _____

Signature of Invigilator with Date