IPM AT 2020 Scribe Educational Qualifications Affidavit

IPM AT Applicant Details				Scribe Details			
Name:				Name:			
IPM AT 2020 Application Number:				Date of Birth:			
ı				son / daug	nter of		
',							
				, (Date of Birth	(dd/m	m/yyyy), do	
her	reby solemnly affirm and s	tate as follow	rs:				
						(()	
1.	I have voluntarily agreed					_(name of the	
			2020ApplicationNumber, for the IIeheldon 7 th September, 2020.			_, 101 the 11 M	
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2.	My highest educational q Degree / Diploma	ualifications a	are as belo)W:		1	
	Discipline						
	Year of Completion						
	Name of the University/ Board						
3.	I am enclosing a copy of my valid photo identification card (valid College ID, Employer ID, Driving License, Passport, PAN Card, Voter ID, Aadhar Card) as proof of identity; and I will also produce the original Photo identification card at the test venue for verification. I hereby affix my photo and signature in this affidavit as proof of my signature and Identity. The particulars furnished by me above are true & correct to the belief of my knowledge and I have not concealed or mispresented any facts. Affix your						
	Photograph here	Date: (si	gnature o	fthe Scribe)			
		Declara	ition by th	ne IPM AT Applicant			
I,understand that any						misrepresentation or	
om	ission of facts in the above a	affidavit by			(name	of the Scribe)	
	y justify cancellation of m				,	,	
ma	y jaseny cancellation of m	, 11 MAI 2020	αρριιτατίτ	711 & 3CO1 C3.			
Dat	e:			(signature o	fthe IPM AT 2020	Applicant)	

Self-Declaration

We are concerned about your health, safety & hygiene. In the interest of your well-being and that of everyone at the venue, you are requested to declare if you have any of the below listed symptoms by using a (Yes, I have) or (No, I do not have).						
Cough Fever						
Cold / Runny Nose Breathing Problem						
I'm asked to fill this Self-Declaration, since I do not have "Aarogya Setu" App on my mobile phone.						
I'm certifying that I've NOT tested Positive for the Coronavirus or identified as a potential carrier of the COVID-19 virus.						
Name of Scribe : Signature of Scribe						