

DECLARATION TO BE FILLED UP BY THE CANDIDATE USING THE SCRIBE

We, the undersigned, Mr. / Ms. _____, candidate for recruitment of _____ in HPCL LNG Limited scheduled to be held on _____ and Mr. / Ms. _____ scribe for the candidate do hereby declare that ;

HPLNG Application No : _____

Nature of Disability : _____

1. The scribe is identified by me (candidate) at my own cost and as per my choice.
2. Details of Scribe :

Name & Address of the Scribe	Education Qualification of Scribe	Photo of Scribe

3. We hereby declare that the particulars furnished above are true and correct to the best of our knowledge.

We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms for availing services of scribe 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. If any of these shortcomings 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.

Signature / Left Thumb Impression of the Scribe	Signature / Left Thumb Impression of Candidate

Date: _____ City: _____