

ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

GRADUATE PHARMACY APTITUDE TEST (GPAT)

Scribe Undertaking by Candidate

Name of Examination : GPAT

Date of Examination :

CMAT Exam Centre Name :

Name of Candidate :

CMAT Roll No. of the
Candidate :

Date of Birth of Candidate :

Name of Scribe :

Address of Scribe :

I, _____ son/daughter of _____,

resident of Village/Town/City _____, district _____state _____,

holding PD certificate dated ----- (copy enclosed) hereby declare that I have met

Shri/ Miss/Mrs ----- on ----- and I am fully satisfied and

convey my willingness to accept him/her as my scribe for the GPAT test to be held as per date
and centre mentioned above .

(Signature of the Candidate)