## **UNDERTAKING**

(for obtaining photocopy of evaluated answer book for \_\_\_\_\_\_ examination)

|  | Certi      | fied tha | nt I |        |       |            |         |         |       | . (examine | ee's name) |
|--|------------|----------|------|--------|-------|------------|---------|---------|-------|------------|------------|
| Son/daug   | ghter of S | h        |      |        |       | (fatł      | ner's n | ame), r | eside | ent of     |            |
|  |            |          |      |        |       | is         | 5       | а       | b     | onafide    | student    |
| of   |            |          | (    | Name   | of    | Institute) | and     | presen  | itly  | studying   | in         |
| (Semeste   | er)        |          | (Bra | anch). | My Ro | oll No is  |         |         | Ιa    | opeared ir | ۱          |
| HSBTE Examination, has applied to the Board to provide Photocopy of my answer sheet of |            |          |      |        |       |            |         |         |       |            |            |
| paper  | code(s)    | held     | in   | the    | year  |            |         |         |       |            |            |
|  |            |          |      |        |       |            |         |         |       |            |            |

I undertake:

Dated.....

- That the photocopy of the answer book will only be for my use and will not be misused by me.
- 2. That I will not challenge the level of evaluation of answer(s) attempted by me in the answer book in any circumstances.
- 3. That no one other than me will be the custodian of the photocopy of the answer book after its receipt and the same will remain in my custody.
- 4. That, if, after receiving the photo copy of the answer book, it is misused by me then I will be liable for punishment under examination rule for unfair means case (UMC).

Certified that the undertaking given above by me is true and without any pressure, and is submitted by my wish.

| Signature o | of Examinee |
|-------------|-------------|
| Name        | :           |
| Address     | :           |
| Mob. No.    | :           |