APPENDIX-I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs……. (name of the candidate with disability), a person with …… (nature and percentage of disability as mentioned in the certificate of disability), S/o / D/o ……. a resident of …….. (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent

of a Government Health Care Institution

Name & Designation

Name of Government Hospital/ Health Care Centre with Seal

Place:

Date:

NOTE: Certificate should be given by a specialist of the relevant stream/ disability

(eg. Visual Impairment- Ophthalmologist, Locomotor disability- Orthopedic specialist/ PMR)

APPENDIX-II

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

1. This is to certify that, we have examined Mr/Ms/Mrs ……. (name of the candidate), S/o /D/o ……, a resident of ……(Vill/PO/PS/District/State), aged …….. yrs, a person with ……. (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic /PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/ Civil Surgeon/ Chief District Medical Officer……Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date: