



Annex I

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

This is to certify that, we have example to the certify that, we have example to the certification of the certific	mined Mr/Ms/Mrs	(name of the candid	ate), S/o /D/o
, a resident of	(Vill/PO/PS/Dis	trict/State), aged	yrs, a
person with (natur	re of disability/condition),	and to state that he/she	has limitation
which hampers his/her writing capabil scribe for writing the examination.	lity owing to his/her above	condition. He/she requi	res support of

- 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)						
	edical Officer/Civil nairperson	Surgeon/Chie	f District	Medical		

Name of Government Hospital/Health Care Centre with Seal

Place: Date: