

**Certificate for a person with a 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 a limitation which hampers his/her writing capability owing to his/her above condition. He/she requires the support of a scribe for writing the examination.
2. The above candidate uses aids and assistive devices such as prosthetics & orthotics, and hearing aids (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of a 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 up to \_\_\_\_\_ (it is valid for a 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: