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.

	- VI - COLO COLO - SA COLO - SA COLO - CA		10-21-11-11-11-11-11-11-11-11-11-11-11-11-	of the candidate),
S/o/D/o	_, a resident of	(Vill/PO/PS	/District/State), ag	ged yrs,
a person with	(nature	of disability/condi	tion), and to state	that he/she has a
limitation which	hampers his/her writ	ing capability owin	g to his/her above	condition. He/she
requires the supp	ort of a scribe for writ	ting the examination	1.	
The above candid	date uses aids and assi	stive devices such a	s prosthetics & ort	hotics, and hearing
aids (name to be specified) which is /are essential for the candidate to appear at the examination				
with the assistan	ce of a scribe.			
for a maximum p	period of six months of	r less as may be cert	tified by the medic	al authority)
			Signature (of Medical Authority
			Signature	of Medical Additionty
(Signature &	(Signature &	(Signature &	(Signature &	(Signature &
Name)	Name)	Name)	Name)	Name)
	Name)	60		
Orthopedic/	Name) Clinical	Neurologist (if	Occupational	Other Expert, as
Orthopedic/ PMR	Name)	60		Other Expert, as nominated by the
Orthopedic/	Name) Clinical Psychologist/	Neurologist (if	Occupational therapist (if	Other Expert, as
Orthopedic/ PMR	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/	Neurologist (if	Occupational therapist (if	Other Expert, as nominated by the Chairperson (if
Orthopedic/ PMR	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if
Orthopedic/ PMR	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if
Orthopedic/ PMR	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if
Orthopedic/ PMR	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if
Orthopedic/ PMR specialist	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if available) (Signature & Name	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
Orthopedic/ PMR specialist	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if available) (Signature & Name	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
Orthopedic/ PMR specialist	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if available) (Signature & Name	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
Orthopedic/ PMR specialist	Name) Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator Officer/Civil Surgeon	Neurologist (if available) (Signature & Name /Chief District Medi	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
	limitation which requires the supp The above candid aids (name to be with the assistance) This certificate is recruitment agent for a maximum p	limitation which hampers his/her writ requires the support of a scribe for write. The above candidate uses aids and assi aids (name to be specified) which is /ar with the assistance of a scribe. This certificate is issued only for the purecruitment agencies as well as acader for a maximum period of six months or	limitation which hampers his/her writing capability owin requires the support of a scribe for writing the examination. The above candidate uses aids and assistive devices such a aids (name to be specified) which is /are essential for the c with the assistance of a scribe. This certificate is issued only for the purpose of appearing recruitment agencies as well as academic institutions and for a maximum period of six months or less as may be cert	with the assistance of a scribe. This certificate is issued only for the purpose of appearing in written examina recruitment agencies as well as academic institutions and is valid up to for a maximum period of six months or less as may be certified by the medic Signature of Signature

Place:

Date: