Appendix-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	s to certify the	hat, we ha	ave exami	ned Mr/M	ls/Mr	s	(n	ame of	the
candid	ate), S/c	o /D/	o		,	а	resid	dent	of
	(Vill/P	O/PS/Dis	strict/Stat	e), aged		yı	rs, a p	erson v	vith
	(nature of	disability	/condition	n), an	d to st	tate th	nat he/	she
has limitation which hampers his/her writing capability owing to his/her									
above	condition.	He/she	requires	support	of s	cribe	for w	riting	the
examir	ation								

- 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	(Signature & Name)	(Signature	(Signature &	(Signature				
& Name)		& Name)	Name)	& Name)				
Orthopedic	Clinical Psychologist/	Neurologis	Occupationa	Other				
/	Rehabilitation	t	l therapist	Expert, as				
PMR	Psychologist/Psychiatrist	(if	(if available)	nominated				
specialist	/ Special Educator	available)		by the				
				Chairperso				
				n				
				(if any)				
(Signature & Name)								
Chief Medical Officer/Civil Surgeon/Chief District Me								
OfficerChairperson								

Name of	Government	Hospital	/Health	Care	Centre	with Se	בי

Place:

Date:

Appendix-II

Letter of Undertaking by the 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

Ι		,	a candi	idate	with			(n	nature of
disabil	ity/cond	lition) appe	earing for	r the				(nam	ne of the
examir	nation)	bearing	Rol1	No.					at
	·		(name	of	the	centre)	in	the	District
						(nar	ne of	the St	tate). My
educat		alification i							
will praforem 3. Idcase, sunders	rovide t entioned o hereby subseque signed a	y state that he service dexamination undertake ently it is found is beyond the diplomate of	of scrillion. That his bund that hid my questions.	de fo qual his o	or the ification ification.	undersigon is eation is n I shall fo	ot as	for tal	king the In ed by the
	(counte	er signature	e by the p	oaren	t/guar	, 3			andidate) is minor)
Place:									
Date:									