

**FORM - DISABILITY AND
HAVING DIFFICULTY IN WRITING**

**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 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 up to
_____ (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: