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

candidate), S	/ D /	ned Mr/Ms/Mrs		nan , a residen	ne of the
<i></i>				ict/State), aged	
a person with			•	dition), and to state that	•
	ich hampers his/h f scribe for writing		ity owing to his/	her above condition.	He/she
			-	& orthotics, hearing ai amination with the as	,
recruitment agenc	ies as well as aca		and is valid up t	n examinations conducto (it is value)	
	Signature of medical authority				
(Signature &	(Signature &	(Signature &	(Signature &	(Signature &	
Name)	Name)	Name)	Name)	Name)	
Orthopedic/	Clinical	Neurologist (if	Occupational	Other Expert, as	
PMR specialist	Psychologist /	available)	Therapist (if	nominated by	
	Rehabilitation		available)	the Chairperson	
	Psychologist /			(if any)	
	Psychiatrist /				
	Special				
	Educator				
		(Signature & Name			
Chief Medical Officer / Civil Surgeon / Chief District Medical Officer					
		Name of Gove	ernment Hospital /	Health care Centre w	vith Seal

Place: Date: