

20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows :-

In figures :- ----- percent

In words :- ----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,
or

(ii) is recommended/after years months, and therefore this certificate shall be valid till -----
-- -----

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4.The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favour certificate of disability is issued.

Form – VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

Recent passport size
attested photograph
(Showing face only) of the
person with disability

Certificate No. _____ Date: _____

This is to certify that I have carefully examined

Shri/Smt/Kum _____ son/wife/daughter of _____ Shri

_____ Date of Birth (DD/MM/YY) _____ Age _____ years,

male/female _____ Registration No. _____ permanent resident of House No. _____

Ward/Village/Street _____ Post Office _____ District _____ State _____

_____, whose photograph is affixed above, and am satisfied that he/she is a case of

_____ disability. His/her extent of percentage physical impairment/disability has been evaluated

as per guidelines (.....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in

the table below:-

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		

2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Signature/thumb impression of the person in whose favour certificate of disability is issued

Countersigned

{Countersignature and seal of the

Chief Medical Officer/Medical Superintendent/

Head of Government Hospital, in case the

Certificate is issued by a medical authority who is

not a Government servant (with seal)}

Note.- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

I, a candidate with (name of the disability) appearing for the (name of the examination)bearing Roll No. at (name of the centre) in the District (name of the State). My qualification is I do hereby state that (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination. I do hereby undertake that his qualification is In case, subsequently it is found that his/her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims thereto.

(Signature of the candidate with Disability)

Place :

Date :

Appendix-VI

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 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 & 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 :

Appendix-VII

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

I....., a candidate with (nature of disability/condition) appearing for the (name of the examination) bearing Roll No..... at (name of the centre) in the District,
..... (name of the state). My educational qualification is

2. I do hereby state that (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification. I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

Place :

Date :
