

APPENDIX - I

Certificate for person with benchmark disability covered under the definition of section 2 (r) of RPwD Act, 2016 i.e. persons having 40% or above 40% disability and having difficulty in writing.

This is to certify that, I have examined Mr/Ms/Mrs(Name of the Candidate with benchmark disability), a person with (Nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o....., a resident of (Village / District / State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

**Chief Medical Officer/Civil Surgeon/Medical Superintendent
of**

a Government health care institute

Name and Designation

Name of Government Hospital/Health Care Centre with Seal

Place:-

Date:-

Note:- Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment - Ophthalmologist, Locomotor disability - Orthopaedic specialist/PMR).

APPENDIX - II

Certificate for person with specified disability covered under the definition of section 2 (s) of 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(Village / PO / PS / District / State), aged years, a person with (nature of disability / condition), and to state that he/she has limitation which hampers his/her writing capabilities 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 examination conducted by recruitment agencies as well as academic institutions and is valid upto (It s valid for maximum period of 6 months or less as may be certified by medical authority.)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopaedic / PMR Specialist	Clinical Psychologist / Rehabilitation Psychologist / Psychiatrist / Special Educator	Neurologist (if available)	Occupational Therapist (if available)	Any other expert based on the condition of the candidate as may be 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 - III

Letter of Undertaking for Using Own Scribe

I....., a candidate with
.....(Name of the disability) appearing for the
.....(Name of the examination) bearing Roll No..... at
.....(Name of the Sub-Centre)
in the District....., Maharashtra. 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, if it is found that scribe's qualification is not as declared by the undersigned or is equal to or higher than my qualification or if found to be more than or equal to the minimum qualification criteria of the examination. I shall forfeit my right to the post or certificate / diploma / degree and claims relating thereto.

(Signature of the candidate with Disability)

(Counter signature by parent / guardian, if the candidate is minor)

Place:-

Date:-