



**Annexure-I
Form-PwD (IV)**

Disability Certificate

Certificate for persons with a disability under the RPwD Act, 2016 having less than 40% disability



Recent PP size
attested photograph
(showing face only)
of the person with
disability

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 a limitation which hampers his/her writing capability owing to his/her above condition. He/she requires the support of a scribe for writing the examination.

2. The above candidate uses aids and an assistive devices such as prosthetics & orthotics, and hearing aids (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of a 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 a 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: