

Disability Certificate
 (Certificate for persons with a disability under RPwBD Act, 2016 having 40% or more/40% or less disability) **Form – PwBD (IV)**

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

Certificate No. _____

Date: _____

1. 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 aid (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: