

Appendix I

**Certificate for recommendation of scribe and/or Compensatory Time
for persons with disabilities as defined under Section 2(s) of
the RPwD Act 2016 and have limitation in writing as specified in the Guidelines.**

1. This is to certify that I have examined Mr./Ms./Mrs.
(name of the candidate), S/o or D/o ,
a resident of (Village/District/State)
agedyrs, a person with(nature of disability/condition), and to state that
he/she has physical limitation which hampers his/her writing capability owing to his/her
above disability/condition. He/ she requires support of scribe and/or Compensatory Time as
specified in the Guidelines, for writing the examination.
2. The above candidate uses aids and assistive device such as prosthetics & orthotics,
hearing aid (name to be specified)/ other (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 Examining Bodies and is valid up to (it is valid for maximum period of
one year or less as may be certified by the medical authority).

Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a
Government health care institution

Name & 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 (example, Visual impairment - Ophthalmologist, Locomotor disability – Orthopedic specialist/ PMR).