



**Certificate for recommendation of scribe/reader/lab assistant 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.**

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 disability/condition. He/ she requires support of scribe/ reader/lab assistant/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 of Medical Authority

Name of Government Hospital/ Health Care Centre with Seal

Place :

Date :

NOTE : The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.