

**Government of India
Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)**

CERTIFICATE TO BE OBTAINED FROM GOVERNMENT MULTI-MEMBER MEDICAL AUTHORITY BY THE PERSONS WITH LESS THAN 40% DISABILITY & HAVING DIFFICULTY IN WRITING

(Certificate for person with specified disability covered under the definition of Section 2 (s) of the 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 _____

_____ (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 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 examinations conducted by recruitment agencies as well as academic institutions and is valid up to _____
(it is valid for maximum period of six months or less as may be certified by the medical authority)

Signatures of Medical Authority

Signature & Name of the Orthopedic / PMR specialist	Signature & Name of the Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Signature & Name of the Neurologist (if available)	Signature & Name of the Occupational therapist (if available)	Signature & Name of the Other Expert, as nominated by the Chairperson (if any)
(Signature & Name) Chief Medical Officer / Civil Surgeon / Chief District Medical Officer Chairperson				

Place:

Date:

Name of Government Hospital with Seal

NOTE: Multi Member Authority is only Competent to issue the above Certificate.

- i. Chief Medical officer/Civil Surgeon/Chief District Medical Officer Chairperson
- ii. Orthopedic/PMR specialist
- iii. Neurologist, if available*
- iv. Clinical Psychologist/Rehabilitation Psychologist/ Psychiatrist/Special Educator
- v. Occupational therapist, if available*
- vi. Any other expert based on the condition of the candidate as may be nominated by the Chairperson.

(* the Chief Medical Officer/Civil Surgeon/Chief District Medical Officer may make full efforts for inclusion of neurologists, occupational therapist from the nearest District or the Medical College/Institute, if the same is not available in the District)"