

### Certificates required for various categories of PwD candidates

PwD candidates are required to login to JOAPS (<https://joaps.iitd.ac.in/>) and exercise their options as appropriate and upload the documents as indicated in the table below. Exercising the option on JOAPS is required even if the candidates are opting for their own Scribe. Due date: December 30, 2024. Appendix-I and Appendix-II are available online at: <https://cdnbbsr.s3waas.gov.in/s3e58aea67b01fa747687f038dfde066f6/uploads/2023/11/202311171714558279.pdf>. They are also available in this document.

Sl. No.	Type of Disability	Compensatory Time/ Scribe	Certificates/Documents Needed
1.	<b>PwD-A:</b> PwD with benchmark disability greater than 40% and having one or more of the following disabilities: a. Visually impaired b. Locomotor disability (lost hands/fingers) c. Cerebral palsy d. Severe dyslexia	Only Compensatory Time requested	- PwD certificate
2.	<b>PwD-A:</b> PwD with benchmark disability greater than 40% and having one or more of the following disabilities: a. Visually impaired b. Locomotor disability (lost hands/fingers) c. Cerebral Palsy d. Severe dyslexia	Scribe requested (Compensatory time will be automatically given)	- PwD certificate - Appendix-II (greater than 40%) if the candidate opts for own Scribe
3.	<b>PwD-B:</b> Type of disability (greater than 40%) other than those described in Row 1 above	Only Compensatory time requested	- PwD certificate - Appendix – I (greater than 40%)
4.	<b>PwD-B:</b> Type of disability (greater than 40%) other than those described in Row 1 above	Scribe requested (Compensatory time will be automatically given)	- PwD certificate - Appendix – I (greater than 40%) - Appendix – II (greater than 40%) if the candidate opts for own Scribe
5.	<b>PwD-C:</b> PwD candidates with disability less than 40% (any type of disability)	Only Compensatory Time	- PwD certificate - Appendix – I (less than 40%)
6.	<b>PwD-C:</b> PwD candidates with disability less than 40% (any type of disability)	Scribe Requested (Compensatory time will be automatically given)	- PwD certificate - Appendix – I (less than 40%) - Appendix – II (less than 40%) if the candidate opts for own Scribe

**APPENDIX- I (greater than 40%)**

**Certificate regarding physical limitation in an examinee to write**

This is to certify that I have examined Mr./Ms./Mrs. ....  
(name of the candidate with disability), a person with (nature and percentage of disability as mentioned in the certificate of disability), S/o or D/o.....,  
a resident of ..... (Village/District/State)  
and to state that he/she has physical limitation, which hampers his/her writing capabilities owing to his/her disability.

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 – Orthopaedic specialist/ PMR).

**APPENDIX- II (greater than 40%)**

**Letter of Undertaking for Using Own Scribe**

I ..... a candidate with ..... (name of the disability) appearing for the ..... (examination) bearing Roll No..... at ..... (name of the centre) in the District ....., ..... (name of the State). My qualification is .....

I do hereby state that ..... (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is ..... In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:

**Appendix-I (less than 40%)**

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.

1. This is to certify that, we have examined Mr./Ms./Mrs. ....  
 (name of the candidate), S/o or D/o .....  
 a resident of ..... (Village/PO/PS/District/State), aged..... years,  
 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 devices 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)

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:

**Appendix-II (less than 40%)**

Letter of Undertaking by the 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.

I, ....., a candidate with .....  
(nature of disability/condition) appearing for the ..... (name of the examination)  
bearing Roll No. .... at ..... (name of the  
centre) in the District ....., ..... (name of the  
State). My educational qualification is .....

2. I do hereby state that ..... (name of the scribe) will  
provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is ..... In case,  
subsequently it is found that his qualification is not as declared by the undersigned and is  
beyond my qualification, I shall forfeit my right to the post or certificate/diploma/degree and  
claims relating thereto.

(Signature of the candidate)

(counter signature by the parent/guardian if the candidate is minor)

Place:

Date: