

Appendix B: Certificates required for various categories of PwD candidates

PwD candidates are required to fill their options as appropriate and upload the documents as indicated in the Table below. The option on GOAPS is required even if the candidates are opting for their own Scribe.

Please refer to the guidelines [F. No. P-13013/75/2023-Policy-DD-III dated August 01, 2025](#) of Ministry of Social Justice & Empowerment.

	Scribe	Compensatory Time	Certificates/Documents needed
PwD-A: PwD having one or more of the following disabilities: a) Blindness b) Locomotor disability (Both arms only) c) Cerebral palsy	No	Yes	Valid PwD certificate/UDID
	Yes	Yes	- Valid PwD certificate/UDID - Appendix-B2 if the candidate is allowed to have own scribe
PwD-B: Type of disability other than those described in PwD-A category	No	Yes	- Valid PwD certificate/UDID - Appendix – B1
	Yes	Yes	- Valid PwD certificate/UDID - Appendix – B1 - Appendix – B2 if the candidate is allowed to have own scribe

APPENDIX- B1**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, 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
 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 of medical authority

(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Other Expert, based on the condition of the candidate, as nominated by the Chairperson
(Signature & Name)	
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson	

Name of Government Hospital/Health Care Centre with Seal

Place :

Date :

APPENDIX- B2**Letter of Undertaking by the persons with disabilities as defined under section 2(s) of RPwD Act 2016 using the services of scribe during written examinations conducted by various authorities as specified in the guidelines**

1. I, a candidate with
(nature of disability/condition) appearing for the (name of the examination)
bearing Enrollment/Application 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. I further declare
that there is no conflict of interest of any kind that may affect the impartiality of the examination.

3. I do hereby undertake that his/her qualification is
In case, subsequently, it is found that his/her qualification is not as declared by the undersigned and is beyond the
specified qualification for the examination as mentioned in the extant Guidelines, I shall forfeit my right to the
post/position/academic seat I am competing for and claims relating thereto.

(Signature of the candidate with Disability)

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

Place:

Date: