

Certificate regarding physical limitation to write in an examination.

Certificate No. **Dated**

This is to certify that Mr./Ms.

Son/daughter of Mr. Ms.

Residing at

Paste 4 cmx3
cm size recent
colour
photograph of
the candidate
in this box.

Having WBJEE-2021 application No. has the following disability
(name of the Specified Disability)

..... In percentage of
.....(in words)(in figures).

Please tick the specified disability (Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section-3, Subsection (ii)) Ministry of Social Justice and Empowerment)

S. No.	Category	Type of Disability	Specified Disability
1	Physical Disability	Locomotor Disability	a) Leprosy cured person, b) Cerebral palsy, c) Dwarfism, d) Muscular dystrophy, e) Acid attack victims
		Visual Impairment	a) Blindness, b) Low vision
		Hearing Impairment	a) Deaf, b) Hard of hearing
		Speech & Language Disability	a) Permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes
2	Intellectual Disability		a) Specific learning Disability (Perceptual Disabilities, Dyslexia, Dyscalculia, Dyspraxia & Development Aphasia) b) Autism spectrum disorder
3	Mental Behaviour		a) Mental illness
4	Disability caused due to	i. Chronic Neurological Conditions	a) Multiple sclerosis b) Parkinsonism
		ii. Blood disorder	a) Haemophilia, b) Thalassemia, c) Sickle cell disease
5	Multiple Disabilities		a) More than one of the above specified disabilities including deaf blindness

This is to further certify that he /she has physical limitation which hampers his/her writing capabilities to write the examination owing to his/her disability.

Signature

Name

Chief Medical Officer/ Civil Surgeon/Medical Superintendent

Letter of Undertaking for Using Own Scribe

I....., a candidate with.....
(name of the disability) appearing for the
(name of the examination) bearing Application No. do hereby state
that (name of the scribe) will provide
the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is

Signature of the candidate

Name of the scribe:

ID of the scribe:

ID number:

Paste 4 cmx3
cm size recent
colour
photograph of
the scribe in
this box.