

Appendix 4. Form-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size Attested
Photograph (showing face
only) of the person

Certificate No. _____ Date: _____

This is to certify that I have carefully examined Shri / Smt. / Kum. _____ son / wife /
daughter of Shri _____ Date of Birth (DD / MM / YY) _____

Age _____ years, male / female _____ Registration

No. _____ permanent resident of House No. _____

Ward / Village / Street _____ Post Office

_____ District _____ State

_____, whose photograph is affixed above, and am satisfied that:

1. he / she is a case of:
 - a. locomotor disability
 - b. blindness

(Please tick as applicable)
2. the diagnosis in his / her case is _____
3. He / She has _____ % (in figure) _____ percent (in words) permanent physical impairment / blindness in relation to his / her _____ (part of body) as per guidelines (to be specified).
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

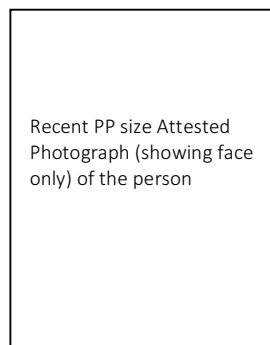


Signature / Thumb impression of
the person in whose favour
disability certificate is issued

Appendix 5. Form-III

Disability Certificate (In cases multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)



Certificate No. _____ Date: _____

This is to certify that I have carefully examined Shri / Smt. / Kum. _____ son / wife / daughter of Shri _____ Date of Birth (DD / MM / YY) _____ Age _____ years, male / female _____ Registration No. _____ permanent resident of House No. _____ Ward / Village / Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and are satisfied that:

1. He / she is a Case of **Multiple Disability**. His / her extent of permanent physical impairment / disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	£		
5	Mental retardation			
6	Mental-illness			

@ - e.g. Left / Right / both arms / legs

- e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

2. In the light of the above, his / her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ percent

In words: _____ percent

3. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

4. Reassessment of disability is:

(i) not necessary

(ii) is recommended / after _____ years _____ months, and therefore this certificate shall be valid till (DD / MM / YY) _____

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority

Name and Seal of Member (1)	Name and Seal of Member (2)	Name and Seal of the Chairperson



Signature / Thumb impression of the person in whose favour disability certificate is issued

Appendix 6. Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size Attested
Photograph (showing face
only) of the person

Certificate No. _____ Date: _____

This is to certify that I have carefully examined Shri / Smt. / Kum. _____ son / wife /
daughter of Shri _____ Date of Birth (DD / MM / YY)

_____ Age _____ years, male / female _____ Registration No.

_____ permanent resident of House No.

_____ Ward / Village / Street _____ Post Office

_____ District _____ State

_____, whose photograph is affixed above, and are satisfied that
he / she is a case of disability.

1. His / her extent of percentage of physical impairment / disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	£		
5	Mental retardation			
6	Mental-illness			

@ - e.g. Left / Right / both arms / legs

- e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.
3. Reassessment of disability is:
 - a. not necessary
 - b. is recommended / after _____ years _____ months, and therefore this certificate shall be valid till (DD / MM / YY) _____
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO / Medical Superintendent / Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}



Signature / Thumb impression of
the person in whose favour
disability certificate is issued

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Appendix 7. Format of Medical Certificate / Report to be Produced by Dyslexic Candidate

{To be obtained from any Dyslexia Association*}

Date: _____

PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father / Mother / Guardian:

Name / address and Regn. No. of the Dyslexia Association:

Physical & Neurologic Assessment: []

Psychological Assessment: []

WISC Verbal IQ:
 Performance IQ:
 Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The percentage of the handicap is NOT less than 40%**
2. The disability is PERMANENT in nature.

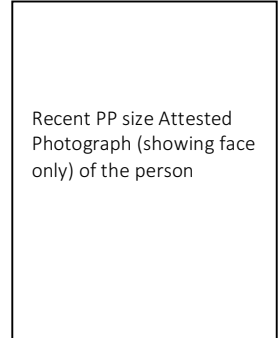
*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkatta – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494 / 1,1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement.

Name of the certifying official:

Seal:



Appendix 8. Certificate to be Produced by Dyslexic Candidate from the Principal of the College / Institution Last Attended

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School / College:

Recent PP size Attested
Photograph (showing face
only) of the person

Certified that Shri / Shrimati / Kumari _____ son / daughter of
_____ of _____ village / town passed his
/ her degree / diploma or equivalent from this college / institution and as per records, availed concession under
dyslexic category.

Signature with seal:

*A candidate passing degree / diploma or equivalent through in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

Appendix 9. Request Letter Format for Compensatory Time for PwD Candidates

Date: _____

Name of the candidate: _____

Address: _____

Mobile No: _____ Email: _____

The Chairman
JEE (Advanced)-UCEED-CEED 2019
Indian Institute of Technology, Bombay

Subject: Requirement of COMPENSATORY TIME

Dear Sir,

I am a PwD candidate (Visually impaired / dyslexic / disability in the upper limbs or loss of fingers). I would like to request you to provide compensatory time of 20 minutes per hour to complete the paper as per the government norms. Kindly do the needful.

Thanking you,

Signature of the candidate: _____

Signature of the Parent / Guardian: _____

Name of the Parent / Guardian: _____