Appendix 5.

Disability Certificate-I (Form – II)

(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)

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. S/he is a case of:
    a. locomotor disability
    b. blindness
    (Please tick as applicable)
2. The diagnosis in his/her case is _____
3. S/he 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 6.
Disability Certificate-II (Form – III)

(In case of multiple disabilities)

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

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:

1. S/he 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			
7	Disability caused due to chronic neurological conditions			
8	Disability caused due to blood disorder			

@ - 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 7.
Disability Certificate-III (Form – IV)

(In case other than those mentioned in Disability Certificates I and II)

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

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			
7	Disability caused due to chronic neurological conditions			
8	Disability caused due to blood disorder			

@ - 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 8.
Format of Medical Certificate / Report to be Produced by Dyslexic Candidate – Form Dyslexic-1

{To be obtained from any Government or Government approved Learning Disability Clinic/Neurodevelopmental Centre/Dyslexia Association}

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

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 condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)*.

2. The disability is **PERMANENT** in nature and **DETAILED REPORTS OF DYSLEXIA ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL)**.

**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 9.
Certificate to be Produced by Dyslexic Candidate from the Principal of the College/Institution Last Attended — Form Dyslexic 2

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/Smt./Kum. _____ 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 10.
Request Letter Format for Amanuensis (Scribe) and/or Compensatory Time for PwD Candidates

Date: _____

Name of the Candidate: _____

Address: _____

Mobile No: _____ Email: _____

The Chairperson,
UCEED-CEED 2025,
IIT Bombay

Subject: Requirement of COMPENSATORY TIME and/or Amanuensis (scribe)

Dear Sir,

I am a PwD candidate (Visually impaired/dyslexic/disability in the upper limbs or loss of fingers).

(tick as applicable)

- ☐ I would like to request you to provide compensatory time of 20 minutes per hour to complete the paper as per the government norms. I understand that the compensatory time of Part-A and Part-B are non-transferable.
- ☐ I would like to avail of the services of an amanuensis (scribe).

Kindly do the needful.

I understand that if it is subsequently discovered at any stage that I have used the services of a scribe, and/or have availed compensatory time, but do not possess the extent of disability that warrants either of the above, I shall be excluded from the process of evaluation, ranking and admission. In case I have already been admitted to any institute, my admission will be cancelled.

Thank you.

Signature of the Candidate: _____

Signature of the Parent/Guardian: _____

Name of the Parent/Guardian: _____