

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 with disability

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.

Form-III
Disability Certificate
(In cases of multiple disabilities)

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

Recent PP size Attested Photograph (Showing face only) of the person with disability

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	X		
6	Mental-illness	X		

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

Or

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

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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	Name of Seal of Member	Name and Seal of the Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.
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Form-IV
Disability Certificate
(In cases of 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 with disability

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 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	X		
6	Mental-illness	X		

(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
 - Or
 - b. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____
@ - e.g. Left/Right/both arms/legs
- e.g. Single eye/both eyes
£ - e.g. Left/Right/both ears
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.

FORM-DYSLEXIC-1

FORMAT FOR DYSLEXIA CERTIFICATE-I

FORMAT OF MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES

{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:

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

The disability is **PERMANENT** in nature.

*Some Dyslexia Associations:

Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019

Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1,1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027

Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017

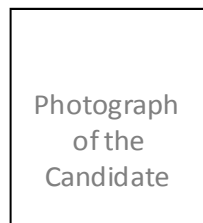
Maharashtra Dyslexia Association, 003, Amit Park Bldg, LJ Road, Deonar, Mumbai 400088

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. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Name of the certifying official:

Seal:



FORM-DYSLEXIC-2

FORMAT FOR DYSLEXIA CERTIFICATE-II

***CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES FROM THE
PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED**

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:



Certified that Shri/Shrimati/Kumari _____
son/daughter of _____ of
_____ village/town passed his/her Class X from this
school and as per records, availed concession under dyslexic category.

Signature with seal:

*A candidate passing Class X or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

FORM-SCRIBE / COMPENSATORY TIME

FORMAT FOR SCRIBE / COMPENSATORY TIME
REQUEST LETTER FOR SCRIBE / COMPENSATORY EXTRA TIME TO BE PRODUCED
BY RELEVANT PwD CANDIDATES

Date:

From

Name of the candidate: _____

Address:

Mobile No:

Email:

To

The Chairman

HSEE-2021

Indian Institute of Technology Madras

Chennai - 36

Dear Sir,

Subject: Requirement of SCRIBE / COMPENSATORY TIME

I am a PwD candidate (Visually impaired/ dyslexic/ disability in the upper limbs or loss of fingers). I would like to use the service of a Scribe/Compensatory Time for writing HSEE-2021. I also request you to provide extra time 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)