



**APPENDIX I**

**Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.**

1. This is to certify that, we have examined Mr/Ms/Mrs ..... (name of the candidate), S/o /D/o ....., a resident of .....(Vill/PO/PS/District/State), aged ..... yrs, 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 condition. He/she requires support of scribe for writing the examination.
2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name 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 recruitment agencies as well as academic institutions and is valid upto \_\_\_\_\_ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

## APPENDIX II

### Letter of Undertaking for availing the Scribe Facility

I, a candidate with \_\_\_\_\_ (name of the disability), appearing for the \_\_\_\_\_ (name of the examination bearing the Registration ID \_\_\_\_\_ at \_\_\_\_\_ (name of the centre in the District \_\_\_\_\_, \_\_\_\_\_ [name of the State).

My qualification is \_\_\_\_\_

I \_\_\_\_\_ (name of the scribe) do hereby state that I will provide the service of a scribe/reader for the undersigned for taking the aforesaid examination. I do hereby undertake that his/her/their qualification is \_\_\_\_\_. In the event it is found that his/her/their qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to be admitted to the programme that I have applied for, and all claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:

**APPENDIX III**

**Scribe Declaration Form (To be submitted by the Scribe in case the Scribe has been arranged by the Candidate)**

I, Mr./Ms./Mx. \_\_\_\_\_ son/daughter  
of \_\_\_\_\_  
resident \_\_\_\_\_ have  
consented to be the scribe for \_\_\_\_\_ son/daughter  
of \_\_\_\_\_ resident of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Admit Card Number \_\_\_\_\_

I hereby declare that I comply with the preconditions and I will not, directly or indirectly, help the candidate in answering any question in the CLAT 2025 examination, apart from reading out the questions and marking/clicking the answers as per the direction of the candidate.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Scribe)