

Form-VI
 Certificate of Disability
 (In case of multiple disabilities)
 [See rule 18(1)]

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

Recent Passport size
 Attested Photograph
 (showing face
 only) of the person
 with disability

Certificate No:

Date:.....

This is to certify that we 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 HouseNo.....Ward/
 Village/Street..... Post Office.....
 District.....State.....whose
 photograph is affixed above, and are satisfied that:

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

Sl. No	Disability	Affected part of body	Diagnosis	Permanent Physical Impairment/mental disability (in %)
1.	Locomotor disability	@		

2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of hearing	£		
11.	Speech and Language disability			
12.	Intellectual disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle disease Cell			

In the light of the above, his /her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:-

In figures: percent

In words:percent

- This conditions progressive/non-progressive/ likely to improve/ not likely to improve.
- Reassessment of disability is :
- not necessary,

Or

- is recommended/ afteryears.....months, and therefore this certificate shall be valid till (DD)/(MM)/(YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

- The applicant has submitted the following documents as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

- Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

ANNEXURE I

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that I have examined Mr/Ms/Mrs.....
(Name of the candidate with disability), a person with
(Nature and percentage of disability as mentioned in the certificate of disability),
S/o/D/o, a resident of
(Village/ District/ State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a
Government health care institution

Name & Designation

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment- Ophthalmologist, Locomotor disability - Orthopaedic specialist/PMR)



Sreenarayanaguru Open University

UG/PG Examinations

Application for the service of Scribe / Grace Mark / Compensatory time etc.

1. Personal Details

Applicant's Name : _____

(As in University records)

Father's Name : _____

Mother's Name : _____

Date of Birth : _____ Age: _____
(DD/MM/YYYY)



Photograph
Passport Size 2 x 3

Mobile No : _____ E-mail ID: _____

Gender : Male Female Other

Name of Guardian/ Caretaker: _____ His/Her Contact No. : _____

Relation with the Guardian : _____

2. Address Details

Communication Address:

.....
.....
.....
Pin:.....

Permanent Address:

.....
.....
.....
Pin:.....

3. Disability Details

Please fill in the following details & **attach disability certificate**

Sr. /Reg. No. of Certificate: _____ Date of Issue: _____
(DD/MM/YYYY)

Disability Percentage: _____

Name & Designation of Issuing Authority: _____

Disability Type: _____

- | | | | |
|-------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Low Vision | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Thalassemia |
| <input type="checkbox"/> Leprosy Cured | <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Acid Attack Victim | <input type="checkbox"/> Locomotor Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Speech and Language Disability | | |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Chronic Neurological Conditions | | |
| <input type="checkbox"/> Multiple Disabilities including Deaf Blindness | | | |
| <input type="checkbox"/> Other _____ (specify) | | | |

Required Assistance : Scribe / Reader / Lab Assistance / Grace Mark / Compensatory time

4. Enrollment Details

Enrollment Number: _____ Programme Name: _____

Name of RC: _____ Name of LSC: _____

Year of Admission: _____

5. Identity Details

Attached Identity Proof: Driving Licence / PAN Card / Ration Card / Voter ID / Aadhar Card

Identity Proof Number:

Aadhaar Card Number: _____

6. Declaration

I _____, (Name of the applicant) do hereby declare that what is stated above is true to the best of my own information and belief.

Place: _____

Date: _____

Applicant's Signature/Thumbprint:

Enclosure:

1. Certificate Of Disability
2. Copy of ID proof (Aadhar/ Voter's ID/ Driving License/ PAN)
3. Student ID copy
4. Certificate regarding
5. Physical limitation to write