PwD Categories and Certificates required for various categories of PwD candidates

PwD candidates are required to login to JOAPS (***https://joaps.iitkgp.ac.in***) and exercise their options as appropriate and upload the documents as indicated in the table below. Exercising the option on JOAPS is required. Due date: December 30, 2026 (Tentative). Appendix-I is available at: **https://cdnbbsr.s3waas.gov.in/s3e58aea67b01fa747687f038dfde066f6/uploads/2025/08/2025081814365751 08.pdf**. They are also available in this document.

Sl No	Type of Disability	Compensatory Time / Scribe	Certificates/Documents Required
1	**PwD-A:** PwD candidates with benchmark disability greater than 40% and having one or more of the following disabilities: a. Blindness b. Locomotor disability (Both Arms only) c. Cerebral Palsy	Only Compensatory Time and/or Scribe requested (*Compensatory time will be automatically given when Scribe is requested*)	-UDID Card / Number -PwD Certificate (optional) -Appendix II of Information Brochure (if opted for Scribe)
2	**PwD-B:** PwD candidates with benchmark disability greater than 40% except for the disabilities mentioned in Row 1	Only Compensatory Time and/or Scribe requested (*Compensatory time will be automatically given when Scribe is requested*)	-UDID Card / Number -PwD Certificate (optional) -Appendix I -Appendix II of Information Brochure (if opted for Scribe)
3	**PwD-C:** PwD candidates with disability less than 40%	Only Compensatory Time and/or Scribe requested (*Compensatory time will be automatically given when Scribe is requested*)	-UDID Card / Number -PwD Certificate (optional) -Appendix I (except for the disabilities mentioned in Row 1) -Appendix II of Information Brochure (if opted for Scribe)

Appendix I

Certificate for recommendation of scribe and/or Compensatory Time for persons with disabilities as defined under Section 2(s) of the RPwD Act 2016 and have limitation in writing as specified in the Guidelines.

1. This is to certify that I have examined Mr./Ms./Mrs. …… (name of the candidate), S/o or D/o ....., a resident of .... (Village/District/State) aged ……...yrs, a person with ……..….... (nature of disability/condition), and to state that he/she has physical limitation which hampers his/her writing capability owing to his/her above disability/condition. He/ she requires support of scribe and/or Compensatory Time as specified in the Guidelines, for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified)/ other (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 Examining Bodies and is valid up to …… (it is valid for maximum period of one year or less as may be certified by the medical authority).

Signature
Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of 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 (example, Visual impairment - Ophthalmologist, Locomotor disability – Orthopaedic specialist/ PMR).*