

**Gujarat Secondary and Higher
Secondary Education Board**
Sector-10B, Near Old Sachivalaya,
Gandhinagar, Gujarat
Date: 27/02/2026

To
The District Education Officer,
Office of the District Education Officer (All),
Gujarat State.

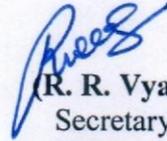
Subject: Regarding concessions/relaxations granted to candidates with disability for the GUJCET examination as per the provisions of the Rights of Persons with Disabilities Act, 2016.

References:

1. The Rights of Persons with Disabilities Act, 2016 (No. 49 of 2016)
2. Government of India Office Memorandum F.No.34-02/2015-DD-III dated 29/08/2018
3. Government of India Office Memorandum F.No.29-06/2019-DD-III dated 10/08/2022
4. Government of India Office Memorandum F.No. P-13013/75/2023-Policy-DD-III dated 01/08/2025

With reference to the above subject and references, it is hereby informed that in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016 (No. 49 of 2016) and the Office Memorandums issued by the Government of India (Ref. 2, 3 and 4), the following instructions are issued regarding concessions/relaxations to be granted to candidates with disability appearing in the GUJCET examination.

These provisions shall be applicable for GUJCET Examinations conducted from GUJCET-2026 and onwards. The provisions are annexed as 'Annexure-C - Provisions for Candidates with Disability (GUJCET Examination)'.


(R. R. Vyas)
Secretary
Gujarat Secondary and Higher
Secondary Education Board
Gandhinagar

Copy with the respected for information to:

- Hon. Commissioner for Persons with Disabilities, Gujarat State

Copy for information to:

- PS to Principal Secretary, Education Department, Government of Gujarat
- PS to Secretary, Social Justice & Empowerment Department, Government of Gujarat
- Chairman & Vice Chairman, Gujarat Secondary and Higher Secondary Education Board, Gandhinagar
- All District Collectors, Gujarat State – for review during District Examination Committee meetings regarding arrangements for candidate with disability.

Copy for information and necessary action to:

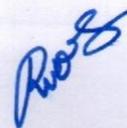
- Deputy Director (Examination – Science Stream), GSHSEB

Annexure-C**Provisions for Candidates with Disability (Gujcet Examination)**

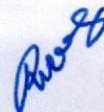
Sr. no.	Rights of Divyang candidate	Provisions
1	Disability Certificate	<p>Disability Certificate must be issued by a competent medical authority/institution as prescribed by the Health Department under the schedule of the Rights of Persons with Disabilities Act, 2016, such as:</p> <ol style="list-style-type: none"> i. Certificate issued by a competent medical authority designated by the Health and Family Welfare Department, Government of Gujarat. ii. Certificate issued by the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a hospital designated by the Government of India as a competent medical authority. iii. Certificate issued by a recognized national-level institution such as National Association for the Blind, Spastic Society of India, etc. iv. Certificate issued by any other competent medical authority of an institution recognized by the Government of Gujarat (including Swavalamban Portal certificate). v. In case of candidates having less than 40% disability, a certificate from a competent medical authority specifying the concessions/relaxations to be provided during exam.
2	Scribe (Writer) / Reader Facility	<ol style="list-style-type: none"> i. In the GUJCET examination conducted by the Gujarat Secondary and Higher Secondary Education Board, a disabled candidate who is unable to write, on the basis of a Swavalamban Portal certificate issued by a competent Medical Officer, or a certificate as per Appendix -14 showing more than 40% disability, or a certificate as per Appendix-15 showing less than 40% disability, shall be eligible to receive the facility of a scribe. ii. A disabled candidate may appoint, as a 'scribe', a student of one standard below him/her, of his/her own choice, from his/her own or any other school. For this, a certificate as per Appendix-16 shall have to be procedure. iii. Candidate with disability for seeking a scribe, after submitting the online GUJCET exam application, shall apply within 15 days along with required documents to the District Education Officer (DEO) of the district in which the candidate has selected examination center, for the approval of the scribe. iv. A disabled candidate who has difficulty in reading or understanding shall be eligible to receive the facility of a reader. For this, certificates as per Appendix -16 and 17 must be submitted



Sr. no.	Rights of Divyang candidate	Provisions
		<p>v. A candidate with disability seeking a reader due to difficulty in reading or comprehension must apply within 15 days after submitting the online GUJCET application, along with necessary documents, to the District Education Officer of the district in which the candidate has selected examination center, for the approval of the reader.</p> <p>vi. The District Education Officer, after verifying the representation of the disabled candidate, shall grant approval for the scribe/reader as per Appendix-18 and to inform the Board, candidate and exam center in charge.</p> <p>vii. The reader shall only assist in reading the question paper and shall not perform the role of a scribe.</p> <p>viii. A candidate with disability may request either a scribe or a reader, but not both.</p> <p>ix. If a candidate with disability, appearing in the GUJCET examination conducted by the Board, does not arrange a scribe/reader of their choice, and requests the District Education Officer to provide one, the DEO shall arrange the service of a scribe/reader free of cost.</p> <p>x. The District Education Officer shall ensure that the scribe/reader facility is provided smoothly and in a timely manner and shall maintain a pre-prepared list of eligible volunteers willing to serve as scribes/readers. Further, at least two weeks prior to the examination, arrangements shall be made to allow the candidate with disability to meet and interact with the appointed scribe/reader for discussion and coordination.</p>
3	Use of Special Assistive Devices During Examination	<p>i. The candidate has to arrange required assistive devices as recommended by a competent medical officer at their own cost.</p> <p>ii. Candidates with 40% or more low vision can use magnifying glass, simple talking calculator, large simple calculator, optical assistive devices, low vision kit, etc., as recommended by a competent medical officer, with the prior approval of the District Education Officer.</p> <p>iii. Candidates with less than 40% disability may use assistive devices based on a certificate from a competent medical officer as per Appendix -14 with approval of the District Education Officer.</p> <p>iv. Apart from para iii of 3, the disabled candidates, according to the personal disability, can use other required assistive devices, as recommended by a competent medical officer, with the prior approval of the concerned District Education Officer.</p>



Sr. no.	Rights of Divyang candidate	Provisions
4	Compensatory Time	Candidate with disability shall be granted 20 minutes of compensatory time per hour of examination. i.e.20 minutes for a one-hour paper, 40 minutes for a two-hour paper. This compensatory time shall be granted to all candidate with disability, irrespective of whether they avail the scribe facility or not.
5	Physical Infrastructure Facility	<ul style="list-style-type: none">• Seating arrangement on the ground floor for candidate with disability shall be ensured.• A Special Educator proficient in Indian Sign Language shall be deployed at examination centers where candidates with Deaf, hard of hearing, or speech and language impairments are appearing. Their role shall be limited to facilitating communication and addressing procedural difficulties. The District Education Officer shall ensure that the appointed educator is not a subject matter expert in the specific paper being administered.



Appendix – 14
(More than 40% Disability)

(Ministry of Social Justice & Empowerment, Govt. of India Office memorandum No F. No. 34-02/ 2015- DD-III dated 29 August 2018)

Certificate regarding physical limitation in an Examinee to Write

This 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.

He/She also requires assistive devices like _____.

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 — Orthopedic specialist/ PMR).

**Appendix – 15
(less than 40% Disability)**

(Ministry of Social Justice & Empowerment, Govt. of India F. No. 29-6/2019-DD-III dated 10 August 2022)

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

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. He/She is also required assistive devices like _____.

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-16
(Own Scribe/Reader)**

Attach
candidate photo

Signed and
stamped by
Principal

I _____, a candidate with _____ (nature of disability/ condition) appearing for the GUJCET exam of year _____ bearing Roll No. _____ at _____ (name of the centre) in the district _____, Gujarat

2. I do hereby state that _____ (name of the scribe/reader) will provide the service of scribe/reader for the undersigned during the aforementioned examination.

3. I do hereby undertake that scribe/reader is studying in _____ school in _____ standard. In the event that the qualifications of the scribe/reader are subsequently found to be higher than my own, my examination and result shall be cancelled.

(Signature of the candidate)

(counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

Consent Letter

I _____ (name of scribe/reader) hereby declare that I am a student of _____ School, studying in Standard _____. I give my consent to provide voluntary (free of charge) service as a scribe/reader to _____ (Name of the student) for GUJCET exam for year _____.

I assure that I will provide my service sincerely.

Scribe/Reader's Signature: _____

Attach
Scribe/Reader
photo

Signed and
stamped by
his/her principal

Note-

- (1) Photo must be attached by principal of the school where the student, intended to be served as scribe/reader, is studying.
- (2) Appendix-16 to be submitted in 2 copies by candidate to District Education Office.
- (3) District Education Office will keep one copy in record another copy to be attached with appendix-18

Appendix-17
(Reader)

Certificate for recommendation of scribe/reader/lab assistant 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.

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 _____ years, 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 disability/condition. He/ she requires support of reader or Compensatory Time
as specified in the Guidelines, for writing the examination.

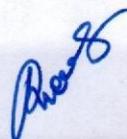
2. The above candidate uses aids and assistive device/s such as _____ (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of reader.
3. This certificate is issued only for the purpose of appearing in written examinations conducted by Examining 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 of medical authority

Name of Government Hospital/ Health Care Centre with Seal

Place:

Date:



Appendix-18
(લહિયા/વાચકની મંજૂરી આપ્યાની જાણ કરવા બાબત)

પત્રકમાંક- _____
તલ.

પ્રતિ,
કેન્દ્ર સંચાલકશ્રી,

વિષય- ઉમેદવારને લહિયો/વાચક ફાળવવા બાબત
પરીક્ષા- ગુજકેટ વર્ષ _____

ઉપરોક્ત વિષય અન્વયે જણાવવાનું, દિવ્યાંગ ઉમેદવારો માટેની જોગવાઈઓને આધીન પરિશિષ્ટ- ૧૪/૧૫/૧૭ મુજબ નીચે જણાવેલ ઉમેદવારને તેની નીચે જણાવેલ વિગતે લહિયો/વાચકની ફાળવણી કરવામાં આવે છે જે અંગેની આગળની કાર્યવાહી કેન્દ્ર સંચાલકશ્રીએ હાથ ધરવી અને આ બાબતની નોંધ પણ રાખવાની રહેશે.

ઉમેદવારની વિગતો

ઉમેદવારનું નામ _____
શાળાનું નામ- _____
પરીક્ષા કેન્દ્ર - _____
બેઠક ક્રમાંક- _____

લહિયા/વાચકની વિગતો

લહિયા/વાચકનું નામ- _____
ધોરણ- _____ શાળાનું નામ- _____
ઉપરોક્ત વિગતે ઉમેદવારને લહિયો/વાચક ફાળવવા આથી પરવાનગી આપવામાં આવે છે.

બિડાણ:- એપેન્ડીક્ષ-૧૬ની એક નકલ
કાઉન્ટર સાઈન કરીને જોડવી

જિલ્લાશિક્ષણાધિકારી
જિલ્લો-

નકલ રવાના

1. ઉમેદવારશ્રી _____
2. લહિયા/વાચક તરીકે શ્રી _____
3. ઝોનલ અધિકારીશ્રી _____ ઝોનનું નામ/નંબર _____
4. સચિવશ્રી, ગુ.મા.અને ઉ.મા.શિક્ષણ બોર્ડ, ગાંધીનગર જાણ સારુ

