



NISM Certification Special Accommodation Request Form

Candidate/s must submit this form at least 30 days prior to proposed examination date. NISM may respond to the candidate within 15 days after receipt of the request regarding approval of the same. The candidate requesting for special accommodation in testing should complete Section 1 of this form. An appropriate professional (education professional, doctor, psychologist, psychiatrist, etc.) must complete Section 2 of this form to certify that the candidate's condition requires the requested special accommodations in testing.

Please submit the completed form to NISM in one of the following ways:

E-mail	Send the form to certification@nism.ac.in . Please attach the form as a scanned document that includes the certifying authority's signature.
Fax or postal mail	To Certification Cell, National Institute of Securities Markets Address: NISM Bhavan, Plot No. 82, Sector - 17, Vashi, Navi Mumbai - 400 705. Fax: 022 - 6673 5110 Helpdesk: 8080806476

Section 1: Candidate Information

Name	
Address (including city, state, and postal code)	
Phone Number	
E-mail Address	
Location of Testing Centre where Special Accommodation is needed	
Proposed Date of Exam	

Potential Barriers for which Special Accommodation is required:

S.No.	Examinations

Please list all examinations for which you are requesting accommodations:

S.No.	Examinations

I authorize that the information requested below, and any documentation regarding the applicant's need for special accommodation in testing, may be shared with its Test Administrators and/or Testing Centres.

Signature of Candidate: _____

Date: _____

Place: _____

Section 2: Authorization of Special Accommodation
(To be filled in by an Appropriate Professional)

I have known _____ since
(Examination applicant name)
_____ in my capacity as a _____.
(DD/MM/YYYY) (Professional title)

I am aware of the potential accessibility barriers and understand the nature of the examination(s) to be administered, and I certify that I have documentation on record supporting the need for accommodation. I believe that this candidate should be provided the following accommodations (identify relevant accommodations):

- Extended exam time—one and one-half times the usual allotment
- Extended exam time—twice the usual allotment
- Extra time for breaks (specify frequency and duration): _____
- Reader (person to read the exam items aloud)
- Separate testing area
- Sign-language interpreter (to be arranged by the candidate)
- Written instruction of exam procedures
- Other (please describe in the space below):

Justification for accommodation (include description of condition/s):

Contact information of professional certifying accommodation needs:

Professional's Name	
Professional Title	
License Number and Type (if applicable)	
Phone Number	
E-mail Address	

Stamp and Signature: _____

Date: _____ **Place:** _____

Scribe Information

Name	
Address (including city, state, and postal code)	
Phone Number	
E-mail Address	
Professional Details	
How is scribe related to candidate	

Stamp and Signature: _____

Date: _____ **Place:** _____