



**NISM Certification Special Accommodation Request Form for Examination/eCPE**

Candidate/s must submit this form at least 30 days prior to proposed examination/eCPE 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:

<b>E-mail</b>	Send the form to <a href="mailto:certification@nism.ac.in">certification@nism.ac.in</a> . Please attach the form as a scanned document that includes the certifying authority's signature.
<b>Fax or postal mail</b>	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**

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

**Potential Barriers for which Special Accommodation is required:**

S.No.	Examinations/eCPE

**Please list all examinations for which you are requesting accommodations:**

S.No.	Examinations/eCPE

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/eCPE 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)/eCPE 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 (not applicable for eCPE)
- Extended exam time—twice the usual allotment (not applicable for eCPE)
- Extra time for breaks (specify frequency and duration): \_\_\_\_\_ (not applicable for eCPE)
- Reader (person to read the exam items aloud)
- Separate testing area (not applicable for eCPE)
- 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:**

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

**Stamp and Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Scribe Information**

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

**Stamp and Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_