

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 physically limitation which hampers his / her writing capabilities
owing to his / her disability.

Signature

Chief Medical Officer/ Civil Surgeon/Medical Superintendent of
Government Healthcare Institution

Name & Designation

Name of Government Hospital / HealthCare centre with seal

Place:

Date:

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