

APPENDIX- I

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

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 – Orthopaedic specialist/PMR).