

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--- Orthopaedics Specialist/PMR)