

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 - Prthopaedic
 specialist/PMR).