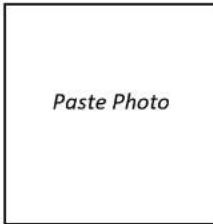


CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

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 – Orthopedic specialist/PMR).]