

## **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.

Place:

Date:

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

### **Note:**

Certificate should be given by a specialist of the relevant stream/ disability (e.g. Visual  
impairment-Ophthalmologist, Locomotor disability-Orthopedic specialist/ PMR).