

**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 candidates 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)