

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)