

**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)