

**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-Prthopedic specialist/PMR)