

Certificate regarding physical limitation of 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 with 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 - Orthopaedic specialist/PMR).