

**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 (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/ PMR).