

**Certificate regarding physical limitation in an examine 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 – Prthopaedic specialist / PMR).