

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/Sate)
and to state that he/she has physical limitation which hampers his/her writing capabilities owning
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).