

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/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).