

**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 /W/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:

Application No.:

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)