

APPENDIX – I

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 institute

Name and 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 – Orthopaedic specialist/PMR).