

**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 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).