

**Certificate regarding physical limitations 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 institution

Name & Designation.

Name of Government Hospital / Health Care Centre with Seal

**Place:**

**Date:**

Certificate should be given by a specialist of the relevant stream / disability (eg. Visual Impairment – Ophthalmologist, Locomotor Disability – Orthopaedic specialist / PMR).