

Annexure-VII

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/Sate) 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: _____

Note: Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment – Ophthalmologist, Locomotor disability – Orthopedic specialist / PMR).