

## **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 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 – Orthopaedics Specialist / PMR).