

Annexure-III

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

N a m e 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).