Annexure-VII

CERTIFICATE REGARDING PHYSICAL LIMITATION OF 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 – Orthopedic specialist/PMR).