

Certificate regarding physical limitation in an examinee to write

(Seal & signature of Authorised Medical Officer to be appended across both the photograph and the Format)

Photograph of
PwBD Candidate

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 (e.g. Visual impairment – Ophthalmologist, Locomotor disability – Orthopedic specialist/PMR).