

**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 (e.g., Visual Impairment-Ophthalmologist, Locomotor disability- Orthopaedic specialist/PMR).