

**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 – Orthopaedic Specialist / PMR)