



परिशिष्ट -VIII

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).