

परिशिष्ट-04(1)

**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 Orthopedic specialist/PMR)**