

ANNEXURE -VII(B)

Certificate regarding physical limitation in an examinee to write

This is to certify that I have carefully examined Shri/Smt./ Kum(name of the candidate with disability) a person with.....(nature and percentage of disability as mentioned in the certificate of disability, son/wife/daughter Of Shri a Resident of Village/District/State and to ensure 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 and Designation

Name of Govt 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, Locomotordisability-Prthopaedic specialist/PMR)