

## ANNEXURE –X(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, Locomotor disability-Orthopaedic specialist/PMR)