

**ANNEXURE-I**

**CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN  
EXAMINEE TO WRITE**

**(SUGGESTIVE)**

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 student of  
\_\_\_\_\_ (School name & address) and to state that  
he/ she has physically limitation which hampers his/her writing capabilities  
owing to his/her disability.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of  
Govt health care institution

Name & Designation.

Name of Government Hospital/ Health Care Centre with Seal

Place :

Date :

Note :

Certificate of disability should be given by a specialist of the relevant stream/  
disability (eg. Visual impairment – Ophthalmologist, Locomotor disability –  
Orthopaedic specialist/PMR)