

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/oa 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 (e.g., Visual impairment – Ophthalmologist, Locomotors disability –
Orthopaedic specialist / PMR).

References:

1. Letter No.34021201s-DD-III dated 29.8.2018 of Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities, New Delhi received through Ministry of HRD, New Delhi.
2. UGC Letter No: F. No.6-21201 3(SCT) Dated: 14 January, 2019