

**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

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Name & Designation

Name of Government Hospital / Health Care Centre with Seal

**Place:**

**Date:**

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**Note:** Certificate should be given by a specialist of the relevant stream / disability (e.g., Visual impairment – Ophthalmologist, Locomotor 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