

ANNEXURE –VII(B)

Certificate regarding physical limitation in an testinee to write

This is to certify that I have carefully testined 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, Locomotordisabillity-Prthopaedic specialist/PMR)