

Annexure I.

Certificate regarding physical limitation in an examinee for CBT and OMR Based Test

This is to certify that, I have examined

Mr/Ms. _____

(Name of the candidate with disability), a person with _____

_____ (nature and percentage of disability as mentioned in the certificate of disability) 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 /typing capabilities owing to his / her disability.

Signature

Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a
Government health care institution

Name & Designation

Name of the Government Hospital/ Health Care Centre with seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability

(eg. Visual impairment — Ophthalmologist, Loco motor disability — Orthopedic specialist/PMR).