

*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).