

Certificate regarding physical limitation to write

This is to certify that I have examined Mr./Ms./Mrs.(name of the candidate, with benchmark disability), a person with(nature and percentage of disability as mentioned in the certificate of disability), S/O/D/O....., 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