

**ANNEXURE – I**

**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, \_\_\_\_\_, resident of \_\_\_\_\_ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/ her ability.

Signature

(Medical Officer/ Chief Medical Officer of the Institute)

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Name:

Designation:

Seal

Place:

Date: