

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),
Son/Daughter of _____,
a 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/Medical Superintendent of a Government health care institution

Name & Designation:

Name of Government 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, Locomotor disability- Orthopaedic specialist/ PMR)

APPENDIX-2

Letter of Undertaking for Using Own Scribe

I, _____ a candidate
with _____ (name of
the disability) appearing for the _____ (name
of the examination) bearing Application No. _____.

I do hereby state that _____
(name of the scribe) will provide the service of scribe/reader for the undersigned for taking
the aforesaid examination.

I do hereby undertake that his/her qualification is _____.

In support of his/her maximum educational qualification, a certificate issued by the Head of
the institution is attached herewith. If it is subsequently found that his/her qualification is not
as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the
admission and claims relating thereto.

(Signature of the candidate)

Place:

Date