

**ANNEXURE- IV: CERTIFICATE REGARDING PHYSICAL LIMITATION TO WRITE  
IN AN EXAMINATION**

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_  
 This is to certify that Mr./Ms. \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, Son / Daughter of Mr. / Mrs. \_\_\_\_\_  
 R/o \_\_\_\_\_

Affix Passport size  
 Photograph of the  
 candidate (same  
 as uploaded on  
 the Online  
 Application Form)  
 duly attested by  
 the issuing  
 authority

with Application No. \_\_\_\_\_ and Roll No. \_\_\_\_\_,  
 \_\_\_\_\_, has the following Disability (name of the Specified Disability)  
 \_\_\_\_\_ in (percentage) of \_\_\_\_\_ (in  
 words) \_\_\_\_\_ (in Figures).

• Please tick on the "Specified Disability"

(Assessment may be done on the basis of Gazette of India. Extraordinary, Part-II, Section 3 Sub-section (ii), Ministry of Social Justice and Empowerment)

S. No.	Category	Type of Disability	Specified Disability
1.	Physical Disability	Locomotor Disability	a. Leprosy cured person, b. cerebral palsy, c. dwarfism, d. muscular dystrophy, e. acid attack victims.
		Visual Impairment	a. blindness, b. low vision
		Hearing Impairment	a. deaf, b. hard of hearing
		Speech & Language Disability	Permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.
2.	Intellectual Disability		a. specific learning disabilities/perceptual disabilities: Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Developmental Aphasia) b. autism spectrum disorder
3.	Mental Behaviour		a. mental illness
4.	Disability caused due to	i. Chronic Neurological Conditions	a. multiple sclerosis b. Parkinson's disease
		ii. Blood disorder	a. Haemophilia, b. Thalassemia, c. Sickle cell disease
5.	Multiple Disabilities		More than one of the above specified disabilities including deaf blindness

This is to further certify that he/she has physical limitation which hampers his/her writing capabilities to write the Examination owing to his/her disability.

Signature

Name: \_\_\_\_\_

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent  
 Government Health Care Institution with Seal