

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE (SUGGESTIVE)

This is to certify that, I have examined Miss/Master
.....
(name of the candidate with disability), a person with (nature and percentage of disability as mentioned in the certificate of disability) D/O; S/O a student of DELHI PUBLIC SCHOOL GUWAHATI, AHOMGAON, GUWAHATI 781035 state that she/he has physical limitation which hampers her/his capabilities owing to her/his disability.

.....
Signature
Chief Medical Officer/Civil Surgeon/
Medical Superintendent of a
Government health care institution/
Special educator

.....
Name & Designation

.....
Name of Government Hospital/Health Care Centre with Seal

Date:

Place:

Note:

Certificate of disability should be given by a specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Orthopaedic specialist/PMR)/Special Educator etc