GOVERNMENT OF INDIA

FORM OF MEDICAL CERTIFICATE TO BE PRODUCED BY THE PHYSICALLY HANDICAPPED CANDIDATES WHO SEEK EXEMPTION FROM APPEARING IN THE TYPEWRITING TEST FOR LOWER DIVISION CLERK.

This is to certify that Sh/Smt/Kum ________________________ son/daughter/wife of Shri________________ is suffering from ________________.

Clinical diagnosis as a result of which he/she has the following disabilities.
(Brief description of his/her disabilities)

______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Photograph of candidate clearly showing Face with affected portion of the body

______________________________________________

This is a permanent disability and the extent of his/her disability works to ____% of disability.

This disability is likely to interfere with Typewriting (specify)

____________________________________________________________________________________

Signature of candidate

Signature of Civil Surgeon

Name:
Place:
Official Stamp: