

Appendix A: Certificate regarding physical limitation in an examinee take Computer Based Test.

Certificate regarding physical limitation in an examinee to take Computer Based Test

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 _____, a
resident of _____ (Village/District/State) and to state that the/she has
physical limitation which hampers his/her capability to take Computer Based Test
consisting of objective type of Multiple Choice Questions.

Signature

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

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- Prthopaedic specialist/ PMR)