

**CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE**

(List of authorized medical authorities for PwD certificate is given on  
<https://www.swavlambancard.gov.in/findNearestMedicalAuthority>)

This is to certify that, I have examined Mr/Ms/Mrs \_\_\_\_\_ (name of candidate with disability) \_\_\_\_\_ with \_\_\_\_\_ (nature and percentage of disability) \_\_\_\_\_, S/o/D/o/W/o \_\_\_\_\_ (name of father/husband) \_\_\_\_\_ a resident of \_\_\_\_\_ (village/district/state) \_\_\_\_\_ and to state that he has physical limitation which hampers his/her writing/reading capabilities owing to his/her disability.

Signature  
Chief Medical Officer/ Civil surgeon/Medical superintendent  
of a Govt Health care institution  
Name & designation  
Name of Govt Hospital/ Health care centre with Seal

Place :

Date :

**Note:**

Certificate should be given by a specialist of relevant stream/disability (eg Visual impairment-Ophthalmologist, Locomotor disability-orthopedic specialist)