

**Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities
candidates who seek exemption from appearing in the Typewriting Test**

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) -----

This is a permanent disability and the extent of his/ her disability works out to_____ % of disability. This disability is likely to interfere with Typewriting (specify)

Signature of Civil Surgeon:

Name:

(Official Stamp)

Place:

Date:

Photograph of candidate clearly showing face with affected portion of the body
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Signature of candidate:

Name:

Roll Number:

Post: