

Annexure-B

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



Signature of candidate:

Name:

Roll/Reg. Number: