

## ANNEXURE - VII

### MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED

OFFICE OF THE CHIEF MEDICAL OFFICER .....

No. ....

Dated: .....

Certified that Mr. / Ms..... son/daughter/wife of Shri ..... resident of ..... District ..... appeared before the Medical Board for medical check-up. On his/her Medical Examination, it is found that the nature of handicap/disability is ..... % and (as applicable) is as under:

1. Blind or Low Vision .....
2. Hearing impairment .....
3. Locomotor disability/cerebral palsy .....

Thus, the candidate is physically handicapped as per standard norms of Haryana.

(Signature of the applicant)

Date: .....

Chief Medical Officer

Place: .....

विद्या परम् भूषणम्

(Seal of the above authority)

#### Note:

The handicap disability should not be less than 40% and should not interfere with the requirements of professional studies and career.