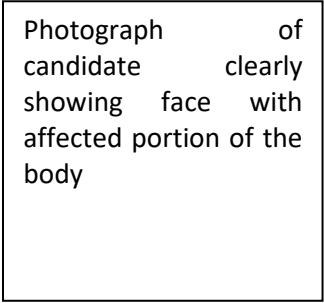


**Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities
candidates who seek exemption from appearing in the Typewriting Test**

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:

Signature of candidate:
Name:
Roll Number: