

FORM OF MEDICAL CERTIFICATE TO BE PRODUCED BY OH CANDIDATES WITH
BENCHMARK DISABILITY WHO SEEK EXEMPTION FROM APPEARING IN THE
SKILL TEST (DEST / TYPE 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: