ANNEXURE - XV

FORM OF MEDICAL CERTIFICATE TO BE PRODUCED BY OH CANDIDATES WITH BENCHMARK DISABILITY WHO SEEK EXEMPTION FROM APPEARING IN THE SKILL TEST (DEST) FOR CGLE – .

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) ----------

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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:

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

Date:

Signature of candidate:

Name: