

**ANNEXURE-III**

**MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED**

**OFFICE OF THE CHIEF MEDICAL OFFICER.....**

No. ....

Dated: .....

Certified ..... that ..... Sh./Km./Smt.

.....son/daughter/wife of Sh.

..... 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 :.....

.....

(Seal of the above authority)

\*The handicap disability should not be less than 40% and should not interfere with the requirement of professional career such as Engineering/Architecture/Technician etc.