

**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)  
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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: