



KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

GST Road, Chinnakolambakkam, Madhuranthagam, Tamilnadu -603308

Ph.no: 044-27598484/27565195; Fax: 044-27565170; E-mail:kims.medical@yahoo.com; Website: www.kveg.in

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that I have examined Dr/Miss/Mr/Mrs-----, a
person with disability of -----
-----, s/o / D/o-----, a resident of -----
-----,to state that he/she has physical limitation
which hampers his/her writing capabilities owing to his/her disability as per the guidelines
given by Government of India, Ministry of Social Justice & Empowerment, Department of
Empowerment of Persons with disabilities (Divyangjan)

Chief Medical Officer

Principal



KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

GST Road, Chinnakolambakkam, Madhuranthagam, Tamilnadu -603308

Ph.no: 044-27598484/27565195; Fax: 044-27565170; E-mail:kims.medical@yahoo.com; Website: www.kveg.in

LETTER OF UNDERTAKING FOR USING OWN SCRIBE

I-----, a candidate with disability of -----
-----appearing for the -----
examination.

I do hereby state that -----will provide the service of scribe/reader
for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is ----- . In case,
subsequently if it is found that his/her qualification is not as declared by the undersigned and
is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

Signature of the candidate

with disability