

**FORM "XIII"**  
OFFICE OF THE CHIEF MEDICAL OFFICER\_\_\_\_  
CERTIFICATE OF BEING HANDICAPPED\_\_\_\_

This is to certify that Mr./ Miss./ Mrs. \_\_\_\_\_

S/o D/o, W/o \_\_\_\_\_ R/o \_\_\_\_\_

is-

- (i) Deaf;
- (ii) Dumb;
- (iii) Blind; or
- (iv) Orthopaedically infirm which limits his capacity to earn; and is handicapped for purpose of the Jammu and Kashmir Reservation Rule, 2005.

Signature of the Competent Authority, with seal

Date\_\_\_\_\_