

CERTIFICATE No. IV

Name of the Applicant: **Application No.** [] [] [] [] [] [] [] [] [] []

**Medical Certificate for Visually Impaired (Blindness and Low Vision)
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified, that the District Medical Board of (City) have this.....day of 2024 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Age :
- 5. Identification Marks 1) 2).....
- 6. Whether Orthopaedically / audilogically impaired : Yes / No
(If yes for either one or both medical certificate /s for fitness from the respective Board has to be produced)
- 7. Low vision: (Person with low vision means a person with impairment of vision of less than 6/18 to 6/60 with best correction in the better eye or impairment of field in any one of the following categories)
 - a) Reduction of fields less than 50 degree :
 - b) Heminaopia with macular involvement :
 - c) Attitudinal defect involvement lower fields :

Space for affixing recent Passport size photograph of the candidate duly attested by Chairman District Medical Board

8. Categories of Visual Disability
(Please choose the appropriate box)

Category	Better eye	Worse eye	Impairment	Tick (as Applicable)
Category O	6/9 – 6/18	6/24 to 6/36	20 %	
Category I	6/16 – 6/36	6/20 to Nil	40 %	
Category II	6/40 – 4/60 or field of vision 10° - 20°	3/60 to Nil	75 %	
Category III	3/60 to 1/60 or field of vision 10°	F.C at 1 ft. to Nil	100 %	
Category IV	F.C at 1 ft. to Nil or field of vision 10°	F.C at 1 ft. to Nil	100 %	
One eyed persons	6/6	F.C at 1 ft. to Nil or field of vision 10°	30 %	

ONE EYED persons with normal vision are not considered as disabled

Note: F. C. means Finger Count

- 9. Whether eligible for consideration under Differently Abled Persons quota : Yes / No
- 10. Whether the candidate is physically and mentally fit to be considered for admission in engineering College / Technical institution : Yes / No (if no please specify reasons)

Signature of the applicant:

Member 1
[Signature and Seal]

Member 2
[Signature and Seal]

Chairman
[Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

Note: Candidates with low vision of 40 % Impairment and above are considered as disabled and are eligible for consideration under reserved quota.

CERTIFICATE No. V

Name of the Applicant: **Application No.**

--	--	--	--	--	--

**Medical Certificate for Hearing Impaired (Deaf and Hard Hearing)
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified that the District Medical Board of (City) have thisday of 2024 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Age :
- 5. Identification Marks 1.
2.
- 6. Whether Orthopaedically / Visually impaired : Yes / No
(If yes for either one or both medical certificate /s for fitness from the respective specialist /s to be produced)
- 7. Nature of hearing loss and extent of disability : RE. LE.
a) Pure tone average db
b) Speech discrimination score
- 8. a) Whether a suitable hearing aid to be used : Yes / No
b) Is the impairment non-progressive : Yes / No
- 9. Whether eligible for consideration under Differently Abled Persons quota : Yes / No
- 10. Whether the candidate is physically and mentally fit to be considered for admission in engineering College / Technical institution : Yes / No (if no please Specify reasons)

Space for affixing recent Passport size photograph of the Candidate duly attested by Chairman District Medical Board

Signature of the applicant:

Member 1
[Signature and Seal]

Member 2
[Signature and Seal]

Chairman
[Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

Note: Candidates with hearing ability 40 db and above only in the better ear with speech discrimination score of 50 % and above are eligible for consideration under reserved quota.

CERTIFICATE No. VI

Name of the Applicant: **Application No.**

--	--	--	--	--	--

**Medical Certificate for Locomotor disability including Cerebral palsy, Leprosy cured, Dwarfism,
Acid attack victims and Muscular dystrophy**

(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified that the District Medical Board of (City) have this.....day of
..... 2024 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Approximate Age :
- 5. Identification Marks : 1.
2.

Space for affixing
recent Passport size
photograph of the
candidate duly
attested by
Chairman
District Medical
Board

6. He/she is found to be categorized as persons with

Locomotor disability	Cerebral palsy	Leprosy cured	Dwarfism	Acid attack victims	Muscular dystrophy
----------------------	----------------	---------------	----------	---------------------	--------------------

- 7. Nature of Orthopaedic :
- 8. Extent of permanent disability in percentage :
- 9. Whether the candidate fulfils the following Standards
and may be considered for admission in Engineering College/
Technical Institution :
- (a) Normal Blood Pressure : Yes / No
- (b) Mentally Normal : Yes / No
- (c) Independent in ambulation with or without
calipers but without any support : Yes / No
- (d) Good standing balance with or without calipers
but without any support : Yes / No
- (e) Hand function within normal limits without any aid : Yes / No
- (f) Good control over bowel and bladder : Good / Not good
- (g) Is the disability non-progressive : Yes / No
- 10. Whether eligible for consideration under Differently Abled Persons Quota : Yes / No
- 11. Whether the candidate is physically and mentally
fit to be considered for admission in Engineering
College / Technical Institution : Yes / No (If no please
specify reasons)

Signature of the applicant:

Member 1
[Signature and Seal]

Member 2
[Signature and Seal]

Chairman
[Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

Note: Candidates with permanent Physical Impairment 40 % and above are eligible for consideration under reserved quota.

CERTIFICATE No. VIII

Name of the applicant:

Application No.

--	--	--	--	--	--	--	--

Medical Certificate for Multiple Disability (TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified, that the District Medical Board of (City) have this.....day
of.....2024 examined the candidate whose particulars are given below.

Space for affixing
recent Passport size
photograph of the
candidate duly
attested by
Chairman District
Medical Board

1. Name of the candidate:
2. Father's Name:
3. Sex:
4. Approximate Age:
5. Identification marks: 1.
2.

6. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated for the disabilities ticked below, and shown against the relevant disability in the table below.

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1.	Locomotor Disability	Left/Right/both arms Left/Right/both legs		
2.	Low Vision	Single eye / both eyes		
3.	Blindness	Both eyes		
4.	Hearing Impaired	Left/Right/both ears		
5.	Mental Retardation			
6.	Mental Illness			
7.	Other Specified Disabilities			

7. Extent of overall permanent physical impairment in percentage % (in words..... %).

8. This condition is progressive / non-progressive / likely to improve / not likely to improve*. Yes / No

9. Whether the candidate is eligible for consideration under Differently Abled Persons quota Yes / No

10. Whether the candidate is physically and mentally fit to be considered for admission in Engineering College / Technical Institution (if No please specify reasons)

Signature of the applicant:

Member 1
[Signature and Seal]

Member 2
[Signature and Seal]

Chairman
[Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

Note: Candidates with permanent Physical Impairment 40 % and above are eligible for consideration under reserved quota.

