Name											
INAIIIC	 										

MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY DIFFERENTLY ABLED PERSONS

(To be issued by the District Medical Board)

	Certified, that the District Medical Board of			(City) have
this.	day of20	24 exa	mined the Candidate whose part	ticulars are given below:
1.	Name of the Candidate :			
2.	Father's Name :			
3.	Sex :			Space for affixing recent
4	Approximate Age :			passport size photograph of the candidates duly attested
5.	Identification Marks : 1.			by Chairman, District Medical Board
J.	identification warks . 1.			Board
	2.			
6.	Whether Audio logically / Visually Disabled (if yes for either one or both medical certificate / s for fitness from the respective Board has to be produced)	:		
7.	Nature of Orthopaedic Disabled	:		
8.	Extent of permanent disability in percentage	:		
9.	Whether the Candidate fulfils the following Standards and may be considered for admissi to undergo studies in Engineering College / Technical Institution	: on		
	(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 candidates is physically and mentally fit to be considered for admission in Engineering College / Technical Institution	:	Yes / No (If no please specify re	easons)
Sign	ature of the Applicant Member	'S		
	1.		Chairman, D	istrict Medical Board
	with seal of 2.			

Note: 1. Candidates with permanent Physical Impairment of 40% and above are eligible for consideration under reserved quota.

Nar	ne :			
	MEDICAL CERTIFICA	ATE F	OR HEARING IMPAIRE	≣D
	(To be issued by	the Di	istrict Medical Board)	
this	Certified, that the District Medical Board of			` ',
1.	Name of the Candidate :			
2.	Father's Name :			Space for affixing recent passport size photograph of
3.	Sex :			the candidates duly attested by Chairman, District Medical Board
4.	Age :			
5.	Identification Marks : 1.			
	2.			
6.	Whether Orthopaedically / Visually Impaired (If yes for either one or both medical certificate /s for fitness from the respective Boards has to be produced)	:	Yes / No	
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 menta fit to be considered for admission in engineerin College / Technical institution		Yes / No (if no please spe	ecify reasons)
Sigi	nature of the Applicant Members	S		
	1		Chairma	an District Medical Board

2.

Date with Seal of

Medical Board

Note: 1. Candidate with hearing ability 40 db and above only in the better ear with speech discrimination score of 50% and above is eligible for consideration under reserved quota.

Name:	
	MEDICAL CERTIFICATE FOR VISUALLY IMPAIRED
	(To be issued by the District Medical Board)

	Certified, that the Distri	ct Medical Board of	(City) have
this	day of	2024 examined the Candidate whose part	iculars are given below:
1.	Name of the Candidate	:	
2.	Father's Name	:	
3.	Sex	:	Space for affixing recent
4.	Age	:	passport size photograph of the candidates duly attested
5.	Identification Marks	: 1.	by Chairman, District Medical Board
		2.	
6.	Whether Orthopaedical	ly / Audiologically Disabled: Yes / No	

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 degrees
(b) Heminaopia with macular involvement
(c) Attitudinal defect involvement lower fields
Categories of Visual Disability

(if yes for either one or both medical certificate / s for fitness

from the respective Board has to be produced)

(Please Choose the appropriate box)

Category	Better eye	Worse eye	Percentage 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 $10^{\circ} - 20^{\circ}$	3/60 to Nil	75%	
Category III	3/60 to 1/60 or field of vision 10°	F.C. at 1ft. to Nil	100%	
Category IV	F.C. at 1ft. to Nil or field of vision 10°	F.C. at 1ft. to Nil	100%	
One eyed persons	6/6	F.C. at 1ft. to Nil or field of vision 10°	30%	

(One Eyed 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 Members

1. Chairman, District Medical Board

Date with seal of 2.

Medical Board

Note: 1. Candidate with low vision of 40% Impairment and above are considered as disabled and are eligible for consideration under reserved quota.

MEDICAL CERTIFICATE

(Autism / Intellectual Disability / Specific Learning Disability / Mental Illness) (TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

	Certified, that the D	istrict Medical Board of		(City) hav
this.	day of	202	4 examined the candidate whose par	ticulars are given below:
1.	Name of the Candid	date:		
2.	Father's Name	:		
3.	Sex	:		Space for affixing the Passport size Photograph duly attested by Chairman District Medical Board
4.	Approximate Age	:		District Medical Board
5.	Identification Marks	: 1.		
		2.		
6.	He / She is found to	be categorized as person	ns with :	
	Autism	Intellectual Disability	Specific learning disability	Mental Illness
7.	Extent of permaner	nt disability in percentage	% (in words	%)
8.	This condition is pro	ogressive / not progressive	e / likely to improve / not likely to impro	ove*.
9.	Whether the Candid	date is eligible for consider	ration under Differently Abled Persons	s quota: Yes / No
10.	mentally fit to be co	date is physically and onsidered for admission in e / Technical institution	: Yes / No (if No please specif	fy reasons)
	Signature of the App			
	Member 1 (Signature and S	Seal) (Si	Member 2 ignature and Seal)	Chairman (Signature and Seal)
			Se	al of the Medical Board

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

 $[\]mbox{\ensuremath{^{\star}}}\xspace Strike out whichever is not applicable$

MEDICAL CERTIFICATE FOR MULTIPLE DISABILITY

(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

(City)	have th	hat the District Medical B nisday of culars are given below	2024 e		
1.	Name	e of the Candidate :		Г	
2.	Fathe	r's Name :			Space for affixing the
3.	Sex	:			Passport size Photograph duly
4.	Appro	oximate Age :			attested by Chairman District Medical Board
5.	Identi	fication Marks : 1.			
		2.			
6.	Impai	She is a Case of Multiple C rment /Disability has been st the relevant disability in	evaluated for the disabiliti		
	SI. No.	Disability	Accected Part of Body	Diagnosis	Permanent Physica 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.	Exter %)	nt of permanent disability in	percentage%	(in words	,
8.	This	condition is progressive / no	ot progressive / likely to im	prove / not likely to im	prove*.
9.	Wheth	ner the Candidate is eligible	for consideration under [Differently Abled Perso	ons quota :Yes / No
10.	pleas Engir	her the candidate is physic e specify reasons)mentally neering College / Technical	fit to be considered for a	s / No (if No dmission in	
		f the Applicant			
	(Si	Member 1 gnature and Seal)	Member 2 (Signature and		Chairman (Signature and Seal)
* Strik	e out wh	ichever is not applicable		5	Seal of the Medical
Boai	rd				

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