

## CERTIFICATE No. I

Name: .....Application No.

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### Medical Certificate for Orthopaedically Differently Abled Person (TO BE ISSUED BY DISTRICT MEDICAL BOARD)

Certified, that the District Medical Board of ..... (City) have this ..... day of ..... 2011 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.   |
| 6. Whether audilogically / visually handicapped<br>(if yes for either one or both medical certificate / s for<br>fitness from the respective specialist /s to be produced) | : |  |
| 7. Nature of Orthopaedic Handicap  | : |  |
| 8. Extent of permanent disability in percentage  | : |  |
| 9. Whether the Candidate fulfils the following Standards<br>and may be considered for admission to undergo studies<br>in Engineering College / Technical Institution       | : |  |
| (a) Normal Blood Pressure  | : | Yes / No                                   |
| (b) Mentally Normal  | : | Yes / No                                   |
| (c) Independent in ambulation with or without<br>calipers but without any support  | : | Yes / No                                   |
| (d) Good standing balance with or without calipers<br>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 Quota   | : | Yes / No                                   |
| 11. Whether the candidate is physically and mentally<br>fit to be considered for admission in Engineering<br>College / Technical Institution                               | : | Yes / No (If no please<br>specify reasons) |

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

**Signature of the Applicant**

**Chairman, District Medical Board**

**Date with seal of  
Medical Board**

**Members**  
1.  
2.

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**Note: This Certificate should be obtained from the Chairman, District Medical Board. Candidates with permanent Physical Impairment 40 and above are eligible for consideration under reserved quota.**

## CERTIFICATE No. II

Name: ..... Application No.

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### Medical Certificate for Hearing Impaired (To be issued by the District Medical Board)

Certified, that the District Medical Board of ..... (City) have this ..... day of ..... 2011 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)

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

6. Whether Orthopaedically / Visually handicapped : 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 physically  
Handicapped 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**

**Chairman, District Medical Board**

**Date with seal of**

**Medical Board**

**Member**

1.

2.

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**Note: This Certificate should be obtained from the Chairman, District Medical Board. Candidates 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.**

**CERTIFICATE No. III**

Name: ..... Application No.

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**Medical Certificate for Visually Impaired (To be issued by the District Medical Board)**

Certified, that the District Medical Board of ..... (City) have this ..... day of ..... 2011 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 handicapped : 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 :
8. Categories of Visual Disability  
(Please choose the appropriate box)

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

Category	Better eye	Worse eye	%age 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) with normal vision are not considered as Note: F.C. means Finger Count

9. Whether eligible for consideration under Physically Handicapped 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****Chairman, District Medical Board****Date with seal of****Medical Board****Member**

1.

2.

**Note: This Certificate should be obtained from the Chairman, District Medical Board. Candidates with low vision of 40% Impairment and above are considered as disabled and are eligible for consideration under reserved quota.**