

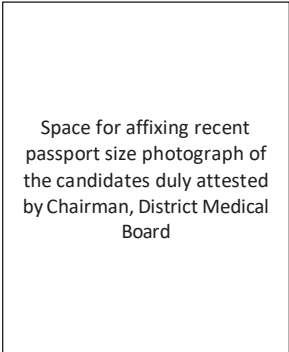
CERTIFICATE No.3

Name :

**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 of2025 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 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 admission to undergo studies 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 candidates 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
Medical Board

2.

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

2. Sl. No. 11 should be filled compulsorily, in the absence of which the application will be rejected.

CERTIFICATE No.5

Name :

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 2025 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 / Audiologically Disabled: 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 degrees :
 - (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 Chairman, District Medical Board

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° – 20°	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 Medical Board

2.

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

2. Sl. No. 10 should be filled compulsorily, in the absence of which the application will be rejected.

CERTIFICATE No.6

MEDICAL CERTIFICATE

(Autism / Intellectual Disability / Specific Learning Disability / Mental Illness)

(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified, that the District Medical Board of (City) have this.....day of.....2025 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. He / She is found to be categorized as persons with :

Autism	Intellectual Disability	Specific learning disability	Mental Illness
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7. Extent of permanent disability in percentage.....% (in words%)

8. This condition is progressive / not progressive / likely to improve / not likely to improve*.

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 : 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.7

**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.....2025 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 the
Passport size
Photograph duly
attested by Chairman
District Medical Board

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	Accepted 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 permanent disability in percentage..... % (in words %)
8. This condition is progressive / not progressive / likely to improve / not likely to improve*.
9. Whether the Candidate is eligible for consideration under Differently Abled Persons quota :Yes/ No
10. Whether the candidate is physically and : Yes / No (if No please specify reasons)mentally fit to be considered for admission in Engineering College / Technical institution

.....
Signature of the Applicant

Member 1
(Signature and Seal)

Member 2
(Signature and Seal)

Chairman
(Signature and Seal)

* Strike out whichever is not applicable

Seal of the Medical

Board

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