| Nome |  |  |  |
|------|--|--|--|
| 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 of20  | 025 exa   | mined the Candidate whose part    | iculars 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<br>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<br>Standards and may be considered for admiss<br>to undergo studies in Engineering College /<br>Technical Institution | :<br>sion |                                   |  |
|       | (a) Normal Blood Pressure   | :         | Yes / No                          |  |
|       | (b) Mentally Normal   | :         | Yes/No                            |  |
|       | (c) Independent in ambulation with or without calipers but without any support  | ıt :      | Yes/No                            |  |
|       | (d) Good standing balance with or without calipers but Without any support  | :         | Yes/No                            |  |
|       | (e) Hand function within normal limits withou any aid   | .t :      | 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<br>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 Membe  | ers       |                                   |  |
|       | 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  | me:   |           |        |   |   |
|------|---|-----------|--------|---|---|
|      |   | _         |        | OR HEARING IMPAIRED strict Medical Board) |   |
|      | Certified, that the District Medical Boo  | ard of    |        |   | (City) hav  |
| this | day of  | 202       | 5 exar | mined the Candidate whose par             | ticulars are given below  |
| 1.   | Name of the Candidate :   |           |        |   |   |
| 2.   | Father's Name :   |           |        |   | Space for affixing recent   |
| 3.   | Sex :   |           |        |   | passport size photograph of<br>the candidates duly attested<br>by Chairman, District Medical<br>Board |
| 4.   | Age :   |           |        |   |   |
| 5.   | Identification Marks : 1.   |           |        |   |   |
|      | 2.  |           |        |   |   |
| 6.   | Whether Orthopaedically / Visually Imp<br>(If yes for either one or both medical certificate /s for<br>from the respective Boards has to be produced) |           | :      | Yes/No                                    |   |
| 7.   | Nature of hearing loss and Extent of d  | isability | :      | RE.                                       | LE.   |
|      | (a) Pure tone average db  |           | :      |   |   |
|      | (b) Speech discrimination score   |           | :      |   |   |
| 8.   | (a) Whether a suitable hearing aid to I   | be used   | :      | Yes/No                                    |   |
|      | (b) Is the impairment non-progressive   |           | :      | Yes/No                                    |   |
| 9.   | Whether eligible for consideration und<br>Differently Abled Persons quota   | der       | :      | Yes/No                                    |   |
| 10.  | Whether the candidate is physically a fit to be considered for admission in e College / Technical institution   |           |        | Yes / No (if no please specify re         | asons)  |
| Sig  | nature of the Applicant   | Members   |        |   |   |
|      |   | 1.        |        | Chairman, Dis                             | strict 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.

| 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   |                     | ulars are given below:                                   |
| 1.   | Name of the Candidate  | <b>:</b>            |  |
| 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<br>Board                   |
|      |  | 2.                  |  |
| 6.   | Whether Orthopaedica<br>(if yes for either one or both me<br>from the respective Board has | •                   |  |

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)

| Category         | Better eye                                 | Worse eye                                  | Percentage impairment | Tick<br>(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 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) have  |
|-------|-------------------------------------|---|--|--|
| this. | day of                              | 2025  | examined the candidate whose part        | ticulars are given below :                         |
| 1.    | Name of the Candid                  | date:   |  |  |
| 2.    | Father's Name                       | :   |  | Space for affixing the                             |
| 3.    | Sex                                 | :   |  | Passport size Photograph duly attested by Chairman |
| 4.    | Approximate Age                     | :   |  | District Medical Board                             |
| 5.    | Identification Marks                | : 1.  |  |  |
|       |                                     | 2.  |  |  |
| 6.    | He / She is found to                | be categorized as persons   | with:                                    |  |
|       | Autism                              | Intellectual Disability   | Specific learning disability             | Mental Illness                                     |
| 7.    | Extent of permanen                  | it disability in percentage   | % (in words                              | %)   |
| 8.    | This condition is pro               | ogressive / not progressive /   | likely to improve / not likely to improv | ve*.   |
| 9.    | Whether the Candid                  | date is eligible for considerat   | tion under Differently Abled Persons     | 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 specify         | y reasons)   |
|       | Signature of the App                |   |  |  |
|       | <b>Member 1</b><br>(Signature and S | Seal) (Siç  | <b>Member 2</b><br>gnature and Seal)     | Chairman<br>(Signature and Seal)                   |
|       |                                     |   | Se                                       | al of the Medical Board                            |

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

<sup>\*</sup> Strike out whichever is not applicable

## MEDICAL CERTIFICATE FOR MULTIPLE DISABILITY

### (TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

| (City)  | have th     | that the District Medical Bo<br>nisday ofday ofday ofday   | 2025   |                          |  |
|---------|-------------|--|--|--------------------------|--|
| 1.      | Name        | e of the Candidate :   |  |                          |  |
| 2.      | Fathe       | er's Name :  |  |                          |  |
|         |             |  |  |                          | Space for affixing the<br>Passport size                    |
| 3.      | Sex         | :  |  |                          | Photograph duly attested by Chairman                       |
| 4.      | Appro       | oximate Age :  |  |                          | District Medical Board                                     |
| 5.      | Identi      | fication Marks : 1.  |  |                          |  |
| 0.      | Identi      |  |  |                          |  |
|         |             | 2.   |  |                          |  |
| 6.      | Impa        | She is a Case of <b>Multiple D</b> irment /Disability has been east the relevant disability in t | evaluated for the disabiliti                         |                          |  |
|         | SI.<br>No.  | Disability   | Accected Part of Body                                | Diagnosis                | Permanent Physica<br>Impairment /<br>Mental Disability (in |
|         | 1.          | Locomotor Disability   | Left / Right / both arms<br>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<br>%) | nt of permanent disability in p  | percentage%  | (in words                |  |
| 8.      | This        | condition is progressive / not   | progressive / likely to imp                          | orove / not likely to im | prove*.  |
| 9.      | Whet        | her the Candidate is eligible  | for consideration under D                            | Differently Abled Perso  | ons quota :Yes / No  |
| 10.     | Whet        | her the candidate is physical<br>e specify reasons)mentally<br>neering College / Technical       | ally and : Yes / fit to be considered for a          | No (if No                |  |
|         |             |  |  |                          |  |
| Signa   | ature o     | f the Applicant  |  |                          |  |
|         | (Si         | Member 1<br>ignature and Seal)   | <b>Member 2</b> (Signature and                       |                          | Chairman<br>(Signature and Seal)                           |
| * Strik | e out wh    | ichever is not applicable  |  |                          | Seal of the Medical  |
| Boa     | rd          |  |  |                          |  |

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