### **CERTIFICATE No. IV**

Name of the Applicant: Ap	plication 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 t	his day of								
2022 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)	: Yes /	Space for affixing recent Passport size photograph of the candidate duly attested by Chairman District Medical Board								
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 involvementlower fields	: : :									
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

10. Whether the candidate is physically and mentally fit to be considered for admission in

engineering

College / Technical institution

Signature of the applicant: .....

Yes / No

Yes / No (if noplease specify reasons)

Member 1 Member 2 Chairman [Signature and Seal] [Signature and Seal] [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.						
	Certificate for Hearing Impa O BE ISSUED BY THE DISTE			)				
Certified that the Distric	t Medical Board of	(City)	have this				day o	of
2022 examin	ed the candidate whose partic	ulars are given below.						
1. Name of the Candidate	:						affixi	
2. Father's Name	:				photo	ograp	sport s h of t	
3. Sex	:			;	attes	idate ted b	у	
4. Age	:					man cal Bo	Distrio Dard	ct
5. Identification Marks	1.							
	2.							
6. Whether Orthopaedically /Vis (If yes for either one or both for fitness from the respectiv		: Yes	/ No					
7. Nature of hearing loss and e	xtent of disability	: RE.		ا	LE.			
	a) Pure tone average db							
b) S	peech discrimination score							
8. a) Whether a suitable hearing b) Is the impairment non-pro	_	:	Yes / Yes /					
b) is theimpairment non-pro	gressive	•	103 /	, 140				
<ol><li>Whether eligible for consider Persons quota</li></ol>	ation under Differently Abled	:	Yes /	/ No				
10. Whether the candidate is ph fit to be considered for admi								
College / Technical institution	n	:			(if no eason	plea: is)	se	
Signature of the applicant:								
Member 1	Member	2	C	hairı	man			
[Signature and Seal]	[Signature and	Seal]	[Signat	ture	and S	Seal]		
*Strike out whichever is not an	plicable.		Seal o	of the	e Me	dical	Boa	rd

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.			Appl	ication No.						
Medical Certificate Acid attack victims										
Certified that the Dis	trict Medical Boar	d of	(	City) have this			d	ay of		
2022 ex	amined the candi	date whose partic	culars are given	below.						
<ol> <li>Name of the Candidate</li> <li>Father's Name</li> </ol>		:					re	ecent l	Passp	ffixing ort size of the
3. Sex		:					'	cand	lidate	duly
<ul><li>4. Approximate Age</li><li>5. Identification Marks</li></ul>		: : 1. 2						Ch Distr	ested nairma rict Ma Board	an edical
6. He/she is found to be ca	ategorized as pers	sons with								
Locomotor disability	Cerebral palsy	Leprosy cured	Dwarfism	Acid attac	k victims	М	uscu	lar dy	/strop	hy
7. Nature of Orthopaedic				:						
<ul><li>8. Extent of permanent dis</li><li>9. Whether the candidate and may be considered</li></ul>	fulfils the followin	g Standards	ge/	:						
Technical Institution				:						
<ul><li>(a) Normal Blood Pre</li><li>(b) Mentally Normal</li><li>(c) Independent in a</li></ul>		without			es / No es / No					
calipers but without (d) Good standing ba	alance with or with	hout calipers			es / No					
but without any s  (e) Hand function wit  (f) Good controlover	thin normal limits bowel and bladde			: Y	es / No es / No ood / Not	god	od			
<ul><li>(g) Is the disability no</li><li>10. Whether eligible for co</li><li>11. Whether the candidate mentally fit to be considered</li></ul>	nsideration under is physically and	•	Persons Quota		es / No es / No					
Engineering College / Technical Ins	titution				es / No (I pecify rea			se		
Signature of the application	ant:			·	•		-			
<b>Member 1</b> [Signature and Se	eal]	<b>Membei</b> [Signature an		[Sig	<b>Chairm</b> gnature a		eal]			
*Strike out whichever is no	ot applicable.			Sea	al of the	Med	dica	l Boa	rd	

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

# **CERTIFICATE No. VII**

Name of the applicant:		Application No.			
	lectual disability / Spe	Certificate cific learning disability / M DISTRICT MEDICAL BOARD			
Certified, that the Dis	strict Medical Board of	(City) have this	S	day	
of2022	examined the candidate v	vhose particulars are given bel	ow.		
1. Name of the candidate:				Space for affi recent Passpor photograph of	rt size
2. Father's Name:				candidate d	uly
3. Sex:				attested b Chairman Dis	•
4. Approximate Age:				Medical Boa	ard
5. Identification marks: 1.					
2.					
6. He/she is found to be cate	gorized as persons with				
Autism	Intellectual disability	Specific learning disability	Menta	l illness	
8. This condition is progressiv 9. Whether the candidate is e	ve / not progressive / likel ligible for consideration ur physically and mentally fit	y to improve / not likely to imported Persons of to be considered for admission (if	rove*. quota Ye	es / No es / No	).
Signature of the applican	t:	<b></b>			
<b>Member 1</b> [Signature and Seal]		ember 2 ture and Seal]	<b>Chairma</b> [Signature and		
*Strike out whichever is not	applicable.	Se	al of the Medi	cal Board	

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

## **CERTIFICATE No. VIII**

Nan	ne of the applicant:		Appl	ication No.				
ı	Medical Certificate for Mult	tiple Disability (TO BE I	SSUED BY THE DIS	STRICT MEDIC	AL BOA	RD)	1	<u> </u>
	Certified, that the District	Medical Board of	(City) have	this	d	ay		
of	2022 examin	ed the candidate whose pa	articulars are given be	elow.	Spa	ce fo	r affi	xing
2. Fa 3. Se 4. Ap	proximate Age:				recer phot ca a Cha		sspor ph of ate dr ed b n Dis	rt size f the uly y strict
	2							
	e/she is a Case of <b>Multiple Dis</b> evaluated for the disabilities t							
SI. No.	Disability	Affected Part of Body	Diagnosis	Permaner Impair Mental Disa	rment /		)	
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							
	tent of overall permanent physis condition is progressive / no					%)		
9. W 10. V	hether the candidate is eligible Whether the candidate is physic ngineering College / Technica	for consideration under Dif	ferently Abled Persor	ns quota ion in	Yes / No Yes / No (if No pl cify reaso	ease		
Sign	ature of the applicant:							
	<b>Member 1</b> [Signature and Seal]	<b>Member 2</b> [Signature and	=	<b>Chairma</b> [Signature and				
*Stri	ke out whichever is not applic	able.		Seal of the M	ledical	Boar	d	
						_		

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