CERTIFICATE No. IV

Naı	me of the Applicant	*	Application No.						
	1	Medical Certificate for Visually Impa (TO BE ISSUED BY THE D			on)				
Cer	tified, that the District	Medical Board of	(City) have this				day o	of	
	2024 exa	mined the candidate whose particulars a	are given below.						
2. F. 3. S 4. A 5. Id 6. W (1 fo 7. L v v ir a t c c c c c c c c c c c c c c c c c c	lame of the Candidate ather's Name ex ge lentification Marks Whether Orthopaedical If yes for either one or or fitness from the resow vision: (Person wit ision of less than 6/18 appairment of field in a pairment of fields appairment of fie	1) 2) ly /audiologically impaired both medical certificate/s spective Board has to be produced) th low vision means a person with impai 8 to 6/60 with best correction in the bett any one of the following categories) less than 50 degree acular involvement twolvement lower fields sability	: Yes / No irment of		t	rece size ph the ca att Chairi	nt Pas notogr ndida ested	aph o te dul by District	f y
	Category	Better eye	Worse eye	Impa	airme	nt		k (as icable)	
	Category O	6/9 – 6/18	6/24 to 6/36	2	0 %				
	Category I	the District Medical Board of		40 %					
	Category II	6/40 - 4/60 or field of vision 10°- 20°	3/60 to Nil	7	5 %				
	Category III	3/60 to 1/60 or field of vision 10°	F.C at 1 ft. to Nil	10	00 %				
	Category IV	F.C at 1 ft. to Nil or field of vision 10°	F.C at 1 ft. to Nil	10	00 %				
	One eyed persons	6/6	F.C at 1 ft. to Nil or field of vision 10°	3	0 %				
P 10. V	Whether eligible for co ersons quota Whether the candidate or admission in engin	nsideration under Differently Abled e is physically and mentally fit to be consecring College / Technical institution	:Yes /No sidered :Yes / No (ote: F. C					
				Ch [Signati	nairm ure ar		al]		

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

*Strike out whichever is not applicable.

Seal of the Medical Board

CERTIFICATE No. V

	CERTIFICATE	INO. V	
Name of the Applicant:		Application No.	
	Certificate for Hearing Impai	-	ng)
Certified that the Dist	rict Medical Board of	(City) have this	s day of
2024 examin	ed the candidate whose particula	ars are given below.	
 Name of the Candidate Father's Name Sex Age Identification Marks 	: : : :		Space for affixing recent Passport size photograph of the Candidate duly attested by Chairman District Medical Board
5. Identification Marks	1. 2.		
6. Whether Orthopedically /Vis (If yes for either one or botl for fitness from the respecti	ually impaired :	Yes / No	
7. Nature of hearing loss and	extent of disability	: RE.	LE.
a) Pure tone	average db .		
b) Speech di	scrimination score .		
8 a)Whether a suitable hearin	ng aid to be used	· Vec	: /No

Signature of the applicant:

9. Whether eligible for consideration under Differently Abled

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

b) Is the impairment non-progressive

College / Technical institution

Persons quota

Member1Member2Chairman[Signature and Seal][Signature and Seal][Signature and Seal]

:

Seal of the Medical Board

Yes /No

Yes /No

Yes / No (if no please

Specify reasons)

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.

^{*}Strike out whichever is not applicable.

CERTIFICATE No. VI

Name of the Applicant		. Application	No.				
Medical Certificate for I		and Muscular dystro	phy	sy cured, Dw	varfism,		
Certified that the District Medica	l Board of	(City)have	this		day	of	
2024 examine		` ,,			,		
1. Name of the Candidate	:	·		Γ	Space f	or affix	ing
2. Father's Name	:				recent Pa	•	
3. Sex	:				photogr candio	apn or late du	
4. Age					atte	sted by	
5. Identification Marks	: 1.					iirman t Medic	al
3) Identification Flame	2.					oard	
6. Ho/sho is found to be satege				L			
6. He/she is found to be catego	rizeu as persons with		1				
Locomotor disability Cer 7. Nature of Orthopaedic	ebral palsy Leprosy cu	ured Dwarfism	Acid at	tack victims	Muscul	ar dyst	rophy
9. Whether the candidate fulfils	8. Extent of permanent disability in percentage9. Whether the candidate fulfils the following Standards and may be considered for admission in Engineering College/						
(a) Normal Blood Pressure	a			Yes /No			
(b) Mentally Normal	• •						
(c) Independent in ambul	ation with or without cal	lipers		Yes /No			
but without any supp			:	Yes / No			
(d) Good standing balance	e with or without caliper	S					
but without any suppo	ort		:	Yes /No			
(e) Hand function within i	normal limits without any	y aid	:	Yes /No			
(f) Good control over bow			:	Good / Not	good		
(g) Is the disability non-p	_		:	Yes / No			
10. Whether eligible for consident		Abled Persons Quota	:	Yes / No			
11. Whether the candidate is phyfit to be considered for admi College /Technical Institutio	ssion in Engineering n		:	Yes / No (I specify rea		ıse	
Signature of the applicant:							
Member 1	Me	mber 2		Chairm	an		
[Signature and Seal]	[Signatu	ure and Seal]		[Signature ar	nd Seal]		

*Strike out whichever is not applicable.

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

Seal of the Medical Board

CERTIFICATE No. VII

Name of the applicant:	Application No.			
Name of the applicant:	Application No.			

Medical Certificate (Autism / Intellectual disability / Specific learning disability / Mental illness) (TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

(Addishi / II		E DISTRICT MEDICAL BOA		5)
Certified, that the I	District Medical Board of	(City) have th	nis	day
of2024	examined the candidate w	vhose particulars are given bel	ow.	
1. Name of the candidate	:			Space for affixing recent Passport siz photograph of the
2. Father's Name	:			candidate duly
3.Sex	:			attested by Chairman District
4. Approximate Age	:			Medical Board
5. Identification marks :	1			
	2			
6. He/she is found to be cat	egorized as persons with			
Autism	Intellectual disability	Specific learning disability	Menta	l illness
	eligible for consideration		ns quota Ye	es /No es /No y reasons)
Signature of the applicant:				
Member 1 [Signature and Seal		1ember 2 ature and Seal]	Chairm [Signature an	
			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. VIII

	Calle a service service			Г		т—	Г	Т	
Name	e of the applicant:		Application No.	Ţ					
	(1	Medical Certificate for FO BE ISSUED BY THE DIS							
	Certified, that the District Me	dical Board of		City) have t	his			da	
of	2024 examined t			, ,					
		and candidate whose particulars are given below.			Space for affixing recent Passport size				
	ne of the candidate :				phot	ograp	h of	the	
FauSex	her's Name :				1	ndida: tteste		,	
	oroximate Age :				1	irman			
• •	ntification marks: 1				Me	edical	Boar	ď	
Jiluci									
6 He	she is a Case of Multiple Disal			nent/ disahil	ity has				
	evaluated for the disabilities ticke								
DCCII		The below, and shown against	The relevant disability		nanent I	N	1		
SI. No.	Disability	Affected Part of Body	Diagnosis	I					
		Left/Right/both arms		Menta	l Disabil	ity (i	n %		
1.	Locomotor Disability	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								
	ent of overall permanent physica	l impairment in percentage	%(in words	L	%`	١			
	s condition is progressive/ non-p		•		70	•			
	ether the candidate is eligible for		, ,		/ No				
quo	ota		,	Yes	/ No				
	hether the candidate is physically		dered for admission		No pleas		_		
ın	Engineering College / Technical	Institution		spe	cify rea	sons)		
Signa	ture of the applicant:								
	Member 1	Member	2		Chairma	an			
	[Signature and Seal]				nature and Seal]				
	2 3	Eng. and	- 4	[9.		. 500			
			01	.c	!				
Striko	out whichever is not applicable.		Seal o	f the Medi	cai Boai	a			
JUINE	out minerate is not applicable.								

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