

CERTIFICATE No. I

.....

Application No.

--	--	--	--	--	--

CERTIFICATE OF DEPENDENCY ON EX-SERVICEMEN

No.

Dated:

Office of the Assistant Director of Ex-Servicemen's Welfare Board of Tamilnadu, District Soldiers', Sailors' and

.....(Name of District)

..... is the wife / son/

unmarried daughter / widow is solely

Serviceman whose particulars are furnished below.

He / She is eligible for consideration for admission to professional courses in Engineering Colleges against the reservation of seats for:

Service men died/ disabled in war/peacetime

Servicemen died in Kargil War

Signature:

Designation:

/ NAVY / AIR FORCE SERVICE PARTICULARS OF EX-SERVICEMAN

Regimental No. :

Name :

Name of the Unit in which last served :

Date of enrollment :

Date of discharge :

Cause of discharge :

Whether died / disabled in service :

Whether died in Kargil war :

Character assessed at the time of discharge :

Office Seal :

Station : Signature :

Date : Designation :

**Servicemen's Welfare Board of
Servicemen's Welfare Board of the District in
which the dependent is a NATIVE. This reservation is applicable only to Tamilnadu Native Candidates.**

DEFINITIONS

"Ex-Serviceman" is a person who has served in any rank (whether as a combatant or as non combatant) in the Armed Forces of the Union, including the Armed Forces of the Former Indian States (but excluding the Assam Rifles, Defence Security Corps, General Reserve Engineering Force, Lok Sahayak Sena and Territorial Army) for a continuous period of not less than six months after attestation and has been released, otherwise than at his own request or by way of dismissal or discharge on account of misconduct or inefficiency, or has been transferred to the reserve pending such release, or has to serve for not more than six months for completing the period of service requisite for becoming entitled to be released or transferred to the reserve or, has been released at his own request after completing Five Years' Service in the Armed Forces of the Union.

(Refer: Department of Personnel and Administrative Reforms Notification No.39016/10/79–Estt(C) of December 15, 1979)

Note1: The term "released" would cover those Armed Forces Personnel who died while in service or were killed in action.

Note2: Coys / Recruits who are in receipt of disability pension i.e., attributable to service are deemed to be "Ex-Servicemen".

Note 3: Territorial Army personnel under the following Category are deemed as "Ex-Servicemen":

- (a) Pension holders for continuous embodied service
- (b) Disabled Territorial Army Personnel with disability attributable to Military Service
- (c) Family Pension holder
- (d) Gallantry Award winner

(Authority: Director General Resettlement letter No.2667 / DGR / EMP / RES –3, Dated 16-12-1982)

CERTIFICATE No. II**Name of the Applicant:**.....**Application 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 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 impaired : 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 candidate duly
attested by
Chairman District
Medical Board

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

CERTIFICATE No. III

Name of the Applicant:.....

Application No.

--	--	--	--	--	--

**Medical Certificate for Hearing Impaired (Deaf and Hard Hearing)
(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 Orthopedically /Visually impaired : 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 Differently Abled
Persons quota : Yes /No

10. Whether the candidate is physically and mentally fit to
be considered for admission in engineering : Yes / No (if no please
College / Technical institution Specify reasons)

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

Signature of the applicant:

Member1
[Signature and Seal]

Member2
[Signature and Seal]

Chairman
[Signature and Seal]

*Strike out whichever is not applicable.

Seal of the Medical Board

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. IV

Name of the Applicant

Application No.

--	--	--	--	--	--

**Medical Certificate for Locomotor disability including Cerebral palsy, Leprosy cured, Dwarfism,
Acid attack victims and Muscular dystrophy**

(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.

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

6. He/she is found to be categorized as persons with

Locomotor disability	Cerebral palsy	Leprosy cured	Dwarfism	Acid attack victims	Muscular dystrophy
----------------------	----------------	---------------	----------	---------------------	--------------------

7. Nature of Orthopaedic :
8. Extent of permanent disability in percentage :
9. Whether the candidate fulfils the following Standards and
may be considered for admission 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 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. V

Name of the applicant:.....

Application No.

--	--	--	--	--	--

Medical Certificate

(Autism/ Intellectual disability/ Specific learning disability/ Mental illness/ Chronic Neurological/ Blood disorder)
(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.

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

6. He/she is found to be categorized as persons with

Specific learning disability	Intellectual disability	Autism	Mental illness	Chronic Neurological conditions	
Speech and Language disability	Sickle Cell disease	Hemophilia	Thalassemia	Multiple Sclerosis	Parkinson's disease

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 Yes /No
in Engineering College/ Technical Institution (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.

Name of the applicant:.....

No.

--	--	--	--	--	--

**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 :

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

Disability. His/ her extent of permanent physical impairment/ disability has
ticked below, and shown against the relevant disability in the table below.

Sl. No.	Disability	Affected 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 overall permanent physical words.....%).

8. This condition is progressive/ non-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
reserved quota.**

for consideration under

Tamil Nadu Engineering Admissions 2025

Name of the Candidate:

Application Number:

Details of Sports Certificates enclosed *

Academic Year	International/ National / State / Regional	Name of the Sports Meet	Sports Discipline	Month & Year (From June 2021 to May 2025)	Relevant Forms I/II/IV enclosed (Yes/No)	Eligible Marks (As per the Guidelines)				Total Marks
						Gold (I Position)	Silver (II Position)	Bronze (III Position)	Participation	
2024 – 25 (XII Std.)										
2023 – 24 (XI Std.)										
2022 – 23 (X Std.)										
2021 – 22 (IX Std.)										
Total No. of Certificates enclosed									Grand Total	

*Highest achievement/ participation certificates obtained by candidates at different levels such as District or State or National or International in each year along with earlier achievements should be enclosed without fail. However, the candidates are advised to submit all the certificates by arranging in an order.

Candidates seeking admission against Special Reservation of seats under Eminent Sports Persons Quota should upload all their original sports documents (sports certificates and appropriate forms) along with all other certificates mentioned in the registered application. Certificate verification procedure will be intimated after the completion of the registration process.

Declaration

The information furnished above and all the enclosures submitted by me are true. Should it however be found that any information furnished therein is untrue with respect to sports details, I realize that I am liable for criminal prosecution and I also agree to the forfeiture of my seat under sports quota.

Signature of the Parent

Date

Signature of the Candidate