

**CERTIFICATE No. I**  
**Department of Ex-Servicemen's Welfare**  
**CERTIFICATE OF DEPENDENCY ON EX-SERVICEMEN**

**Name of the Applicant**.....

**Application No.**

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Pensioner Identity Card No.:

Mobile Number:

No.

E-Mail ID:

Dated:

Office of the Deputy / Assistant Director of Ex-Servicemen's Welfare Board of Tamilnadu,.....(Name of District)

This is to certify that Tmt./Thiru./Selvan./Selvi ..... is the son / daughter / of and is solely dependent on the Ex-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 wards of Ex-Servicemen in Tamilnadu.

Signature:

Office of Deputy / Assistant Director of Ex-Servicemen's Welfare

District Name:

Signature of the Candidate:

**ARMY / NAVY / AIR FORCE SERVICE PARTICULARS OF EX-SERVICEMAN**

Regimental No. :

Name :

Rank :

Regiment / Corps :

Date of Enrollment :

Date of Discharge / Death :

Cause of Discharge :

Character assessed at the time of discharge :

Office Seal:

Station :

Signature :

Date :

Designation :

**Note:** 1. This Certificate shall be issued by Deputy/Assistant Director of Ex-Servicemen's Welfare of the District in which the Ex-Serviceman has registered his name. This reservation is applicable only to wards of Ex-Serviceman whose father is/was a native of Tamil Nadu by birth.

2. This certificate is subject to further scrutiny by a committee constituted at the Directorate of Ex-Servicemen's Welfare as per G.O Ms No.1733 Public (ESM) Department, dt.11.09.1986 and the decision of the committee will be final.

**This reservation is applicable only to Tamilnadu Native Candidates.**

**CERTIFICATE No. II**

**Name of the Applicant:**.....

**Application No.**

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**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 ..... 2026 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 <sup>o</sup> - 20 <sup>o</sup>	3/60 to Nil	75 %	
Category III	3/60 to 1/60 or field of vision 10 <sup>o</sup>	F.C at 1 ft. to Nil	100 %	
Category IV	F.C at 1 ft. to Nil or field of vision 10 <sup>o</sup>	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 <sup>o</sup>	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.**

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**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  
.....2026 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  
College / Technical institution : Yes / No (if no please  
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.

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**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 .....2026 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
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- 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.

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**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  
of .....2026 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.**

**CERTIFICATE No. VI**

Name of the applicant:.....

Application No. 

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**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.....2026 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 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	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 impairment in percentage.....% (in 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 Physical Impairment 40% and above are eligible for consideration under reserved quota.**

## Tamil Nadu Engineering Admissions 2026

**Name of the Candidate:**

**Application Number:**

### List of the Details of All Sports Certificates Enclosed:-

(Achievements of International, National, State, Regional and District Level, in the descending order- If, more number of Achievements, take additional print out and may be listed)

S. No.	Name of the Certificate / Form	Name of the Meet / Tournament / Championship	Sports Discipline	Month & Year of Issue	Eligible Mark	Remarks
					Gold / Silver / Bronze / Participation	
<b>2025 – 26 (Academic Year)</b>						
1						
2						
3						
4						
5						
<b>2024 – 25</b>						
1						
2						
3						
4						
5						
<b>2023 – 24</b>						
1						
2						
3						
4						
5						
<b>2022 – 23</b>						
1						
2						
3						
4						
5						

#### 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 realise that I am liable for criminal prosecution and I also agree to the forfeiture of my seat under sports quota.

Signature of the Parent

Signature of the Candidate

Date

**Tamil Nadu Engineering Admissions 2026**

**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 2022 to May 2026)	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	
2025 – 26 (XII Std.)										
2024 – 25 (XI Std.)										
2023 – 24 (X Std.)										
2022 – 23 (IX Std.)										
Total No. of Certificates enclosed									Grand Total	

\* Highest achievement/ participation certificates obtained by candidate at different levels such as District or State or National or International in each year along with earlier achievements should be closed 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