

CERTIFICATE No. V

Name of the Applicant: **Application No.**

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

**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 of 2013 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.
6. Whether audilogically / visually impaired :
(if yes for either one or both medical certificate / s for fitness from the respective specialist /s to be produced) :
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)

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

Signature of the Applicant

Chairman, District Medical Board

**Date with seal of
Medical Board**

Members
1.
2.

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