

**CERTIFICATE No.-I**

Name of the Applicant : .....

**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.....2023 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 Audiologically / 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 to undergo studies 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 the  
Passport size Photograph  
duly attested by Chairman  
District Medical Board

Signature of the Applicant

Chairman, District Medical Board

Members

Date with seal of  
Medical Board

- 1.
- 2.

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