

CERTIFICATE No. II

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
.....2024 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.