

CERTIFICATE No.-II

Name of the Applicant :.....

**Medical Certificate for Hearing Impaired
(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. Age :
- 5. Identification Marks : 1.
2.
- 6. Whether Orthopaedically / 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 : Yes / No (if no please specify reasons)
fit to be considered for admission in Engineering College / Technical institution

Signature of the Applicant

Chairman, District Medical Board

Date with seal of
Medical Board

Members
1.
2.

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.