

CERTIFICATE No. III

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 of2024 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.