

CERTIFICATE No. IV

Name of the applicant:.....

Application No.

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**Medical Certificate
(Autism / Intellectual disability / Specific learning disability / Mental illness)
(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. Approximate 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

Autism	Intellectual disability	Specific learning disability	Mental illness
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- 7. Extent of permanent disability in percentage.....% (in words%).
- 8. This condition is progressive/ not progressive/ likely to improve/ not likely to improve*.
- 9. Whether the candidate is eligible for consideration under Differently Abled Persons quota Yes /No
- 10. Whether the candidate is physically and mentally fit to be considered for admission Yes /No
in Engineering College/ Technical Institution (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.