

CERTIFICATE No.V

Name of the applicant:.....

Application No.

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**Medical Certificate for Multiple Disability
(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. 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 a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated for the disabilities ticked below, and shown against the relevant disability in the table below.

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1.	Locomotor Disability	Left/Right/both arms Left/Right/both legs		
2.	Low Vision	Single eye / both eyes		
3.	Blindness	Both eyes		
4.	Hearing Impaired	Left/Right/both ears		
5.	Mental Retardation			
6.	Mental Illness			
7.	Other Specified Disabilities			

- 7. Extent of overall permanent physical impairment in percentage%(in words.....%).
- 8. This condition is progressive/ non-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 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.