

CERTIFICATE No.-I

Name of the Applicant:..... Identification No.

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**MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY DIFFERENTLY ABLED PERSONS
(To be issued by the District Medical Board)**

Certified, that the District Medical Board of.....(City) have this.....day of.....2017 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.
- 6. Whether Audiologically / Visually impaired :
(If yes for either one or both medical certificate/s for fitness from the respective specialist/s to be produced)
- 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 to undergo studies 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

Chairman, District Medical Board

Members

Date with seal of Medical Board 1.
2.

Note: Candidates with permanent Physical Impairment 40% and above are eligible for consideration under reserved quota.