CERTIFICATE No.-III

Name of the Applicant:	Identification No.							
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MEDICAL CERTIFICATE FOR VISUALLY IMPAIRED

(To be issued by the District Medical Board)

			(To be is	suea by the L	District Medical E	soara)	
	Certified, that the Dis	trict M	ledical Bo	ard of			(City) have
this.	day of			2017 exa	amined the candid	date whose p	articulars are given below:
1.	Name of the Candida	e:					
2.	Father's Name	:					
3.	Sex	:					Space for affixing the
4.	Age	:					Passport size Photograph duly attested by Chairman
5.	Identification Marks	:	1.				District Medical Board
			2.				
6.	6. Whether Orthopaedically/Audiologically impai		lly impaired :	Yes / No			
	(If yes for either one or both fitness from the respective						
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Low vision: (Person with low vision means a person with impairment of vision of less than 6/18 to 6/60 with best correction in the better eye or impairment of field in any one of the following categories).

(a) Reduction of fields less than 50 degrees
(b) Heminaopia with macular involvement
(c) Attitudinal defect involvement lower fields
8. Categories of Visual Disability

(Please Choose the appropriate box)

Category	Better eye	Worse eye	impairment	Tick (as applicable)
Category O	6/9 – 6/18	6/24 to 6/36	20%	
Category I	6/16 - 6/36	6/20 to Nil	40%	
Category II	$6/40-4/60$ or field of vision $10^{\circ}-20^{\circ}$	3/60 to Nil	75%	
Category III	3/60 to 1/60 or field of vision 10 $^{\circ}$	F.C. at 1ft. to Nil	100%	
Category IV	F.C. at 1ft. to Nil or field of vision 10 $^{\circ}$	F.C. at 1ft. to Nil	100%	
One eyed persons	6/6	F.C. at 1ft. to Nil or field of vision 10°	30%	

(One Eyed with normal vision are not considered as disabled)

Note: F.C. means Finger Count

9. Whether eligible for consideration under

Differently Abled Persons quota

10. Whether the candidate is physically and mentally fit to be considered for admission in Engineering College / Technical institution

Yes / No

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 low vision of 40% Impairment and above are considered as disabled and are eligible for consideration under reserved quota.