

CERTIFICATE No. I

Name of the Applicant: **Application No.**

Medical Certificate for Visually Impaired (Blindness and Low Vision)
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified, that the District Medical Board of (City) have this day of 2020 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Date of Birth: Age:
- 5. Identification Marks 1)
2)

**Space for affixing
recent Passport
size photograph
of the candidate**

6. He/she is a case of (Please tick as applicable)

Visual Impairment : a. Blindness b. Low Vision

7. The diagnosis in his/her case is

He/She has Total absence of sight.

Visual acuity.....in the better eye with best possible corrections.

The field of vision subtending angle degree.

8. Whether eligible for consideration under Differently AbledPersons quota : Yes / No

9. 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.

Criteria for disability certificate is given in the reverse page.

(P.T.O)

As per – The Rights of Persons with Disabilities Act, 2016

Visual Impairment:

"Blindness" means a condition where a person has any of the following conditions, after best correction—

- (i) total absence of sight; or
- (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
- (ii) the field of vision subtending an angle of less than 10 degree.

"Low-vision" means a condition where a person has any of the following conditions, namely:—

- (i) visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
- (ii) the field of vision subtending an angle of less than 40 degree up to 10 degree.

CERTIFICATE No. II

Name of the Applicant : **Application No.**

--	--	--	--	--	--

Medical Certificate for Hearing Impaired (Deaf and Hard Hearing)
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified that the District Medical Board of (City) have this day of2020 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Date of Birth: Age:
- 5. Identification Marks 1)
2)

Space for affixing recent
Passport size photograph
of the candidate duly
attested by Chairm an
District Medical Board

6. He/she is a case of (Please tick as applicable)

Hearing Impairment: a. Deaf b. Hard of hearing

7. The diagnosis in his/her case is

He/She has hearing loss Right Ear Left Ear

- 8. a) Whether a suitable hearing aid to be used : Yes / No
- b) Is the impairment non-progressive : Yes / No
- 9. Whether 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.

Criteria for disability certificate is given in the reverse page.

(P.T.O)

As per – The Rights of Persons with Disabilities Act, 2016

Hearing Impairment:

"Deaf" means persons having 70 DB hearing loss in speech frequencies in both ears.

"Hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears.

CERTIFICATE No. III

Name of the Applicant: **Application No.**

--	--	--	--	--	--

**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 of2020 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Date of Birth: Age:
- 5. Identification Marks : 1.....
2.....

Space for affixing recent
Passport size photograph
of the candidate duly
attested by Chair an
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
----------------------	----------------	---------------	----------	---------------------	--------------------

- 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.

Criteria for disability certificate is given in the reverse page.

(P.T.O)

As per – The Rights of Persons with Disabilities Act, 2016

Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both).

(i) Independent in ambulation with **or** without calipers but without walking aids.(ii) Good Standing Balance without calipers but without any support. (iii) Hand Function with normal limit without any aid. (iv) Good control over bladder & bowel. (v) Disease must be non progressive.

"Leprosy cured person" means a person who has been cured of leprosy but is suffering from—

- (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
- (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly;

"Cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

"Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

"Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

"Acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similarcorrosive substance.

As per – The Rights of Persons with Disabilities Act, 2016

"Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

Intellectual disability, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—

- (i) **"specific learning disabilities"** means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
- (ii) **"autism spectrum disorder"** means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

Mental behaviour— "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.

CERTIFICATE No. V

Name of the applicant:

Application No.

--	--	--	--	--	--

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 2020 examined the candidate whose particulars are given below.

1. Name of the candidate:

2. Father's Name:

3. Sex:

4. Date of Birth:

Age:

5. Identification marks: 1.

2.

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 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.

Criteria for disability certificate is given in the reverse page.

(P.T.O)

As per – The Rights of Persons with Disabilities Act, 2016

1. Physical Disability

A. Locomotor disability

- (a) Leprosy cured person
- (b) Cerebral palsy
- (c) Dwarfism
- (d) Muscular dystrophy
- (e) Acid attack victims

B. Visually Impairment

- (a) Blindness
- (b) Low Vision

C. Hearing Impairment

- (a) Deaf
- (b) Hard Hearing

D. Speech and language disability

2. Intellectual Disability

- (a) Specific Learning Disabilities
- (b) Autism spectrum disorder

3. Mental illness

4. Disability caused due to –

A. Chronic neurological conditions, such as

- (a) Multiple sclerosis
- (b) Parkinson's disease

B. Blood disorder –

- (a) Hemophilia
- (b) Thalassaemia
- (c) Sickle cell disease

Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.