

**Certificate for Person with Disability (PwD)
For Availing Admission against Person with Disabilities Quota**

(To be issued by Medical Board from Government Hospital)

Name of the candidate: Mr./Ms.* _____

Father's Name: _____

Permanent Address: _____



Percentage loss of earning capacity (in words):

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily:

Name of the disease-causing handicap:

Whether handicap is temporary or permanent:

Whether handicap is progressive or non-progressive:

The candidate is FIT / UNFIT to pursue Diploma/ Undergraduate/Postgraduate (program name)

_. (*Strike out whichever is not applicable)

DSEU
Crafting Excellence

Doctor

Doctor

Chief Medical Officer

Seal of Office

NOTE: The medical board must have three members. Candidates having temporary or progressive handicap will not be considered against these seats.

(Sign & Seal of Authorised Signatory of notified Medical Authority)