

## CERTIFICATE No.7

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.....2019 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 the  
Passport size Photograph  
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	Accepted 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 permanent disability in percentage.....% (in words.....%)
8. This condition is progressive / not 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 : Yes / No (if No please specify reasons)  
mentally fit to be considered for admission in  
Engineering College / Technical institution

.....  
Signature of the Applicant

**Member 1**  
(Signature and Seal)

**Member 2**  
(Signature and Seal)

**Chairman**  
(Signature and Seal)

\* Strike out whichever is not applicable

**Seal of the Medical Board**

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