CERTIFICATE No. II

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 ..... 2025 examined the candidate whose particulars are given below.

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

1. Name of the Candidate :
2. Father's Name :
3. Sex :
4. Age :
5. Identification Marks 1)
   2)
6. Whether Orthopaedically /audiologically impaired : Yes / No
   (If yes for either one or both medical certificate/s for fitness from the respective Board has to be produced)
7. 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 degree :
   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 10º- 20º	3/60 to Nil	75 %	
Category III	3/60 to 1/60 or field of vision 10º	F.C at 1 ft. to Nil	100 %	
Category IV	F.C at 1 ft. to Nil or field of vision 10º	F.C at 1 ft. to Nil	100 %	
One eyed persons	6/6	F.C at 1 ft. to Nil or field of vision 10º	30 %	

ONE EYED persons with normal vision are not considered as disabled **Note:** F. C. means Finger Count

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	**Member 2**	**Chairman**
[Signature and Seal]	[Signature and Seal]	[Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

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