

CERTIFICATE No. IV

Name of the Applicant

Application No.

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

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

Space for affixing
recent Passport size
photograph of the
candidate duly
attested by
Chairman
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
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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.

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