Name of the applicant:..... **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.....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. Approximate Age :

.....

.....

Disability. His/ her extent of permanent physical impairment/ disability has 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 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 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 permanent **for consideration under reserved quota.**