

**CERTIFICATE No. III**

**Name of the Applicant:**.....

**Application No.**

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**Medical Certificate for Hearing Impaired (Deaf and Hard Hearing)  
(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.

6. Whether Orthopedically /Visually impaired : Yes / No  
(If yes for either one or both medical certificate/s  
for fitness from the respective specialist/s to be produced)

7. Nature of hearing loss and extent of disability : RE. LE.  
a) Pure tone average db .....  
b) Speech discrimination score .....

8. a) Whether a suitable hearing aid to be used : Yes /No  
b) Is the impairment non-progressive : Yes /No

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 : Yes / No (if no please  
College / Technical institution Specify reasons)

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

Signature of the applicant: .....

**Member1**  
[Signature and Seal]

**Member2**  
[Signature and Seal]

**Chairman**  
[Signature and Seal]

\*Strike out whichever is not applicable.

Seal of the Medical Board

**Note: Candidates with hearing ability 40 db and above only in the better ear with speech discrimination score of 50% and above are eligible for consideration under reserved quota.**