

Name of the applicant:.....

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

1. Name of the candidate :  
2. Father's Name :  
3. Sex :  
4. Approximate Age :

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

.....  
.....  
**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**

[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  
reserved quota.**

**for consideration under**