CERTIFICATE No. III

Name of the Applicant:..... **Application No.** | | | | | | |

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 .....2026 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 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 College / Technical institution : Yes / No (if no please Specify reasons)

Signature of the applicant: .....

Member1	**Member2**	**Chairman**
[Signature and Seal]	[Signature and Seal]	[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.