

CERTIFICATE No. VName of the applicant:.....
No.

Application

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Medical Certificate**(Autism/ Intellectual disability/ Specific learning disability/ Mental illness/ Chronic Neurological/ Blood disorder)**
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified, that the District Medical Board of..... (City) have this day
of2026 examined the candidate whose particulars are given below.

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

Specific learning disability	Intellectual disability	Autism	Mental illness	Chronic Neurological conditions	
Speech and Language disability	Sickle Cell disease	Hemophilia	Thalassemia	Multiple Sclerosis	Parkinson's disease

7. Extent of permanent disability in percentage.....% (in words%).

8. This condition is progressive/ not 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 Yes /No
 in Engineering College/ Technical Institution (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.