

CERTIFICATE No. VI**Name of the applicant:.....**
No.**Application**

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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.....2026 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 a Case of **Multiple Disability**. His/ her extent of permanent physical impairment/ disability has
been evaluated for the disabilities 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 impairment in percentage.....% (in 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 Physical Impairment 40% and above are eligible for consideration under reserved quota.