



ANNEXURE I

Medical Certificate for Physically Handicapped candidate

1. Full name of candidate :

2. O.P.D. Case No. :

3. (a) Nature of disability :   
(to be mentioned in box on the right side)

POLIO; CEREBRAL PALCY,  
HEMIPLEGIA, QUADRUPLEGIA, AMPUTATIONS,  
CONGENITAL & AQUIRED DEFORMITY  
VISUAL IMPAIRED,  
HEARING IMPAIRED,  
OTHERS

(b) Extent of disability :   
(to be mentioned in box on the right side)

BELOW 40% / 40% TO 60% / ABOVE 60% / TOTAL DISABILITY

4. Despite the disability whether the candidate is fit to undergo YES / NO   
engineering/pharmacy education and will be  
able to discharge his/her duties as an  
engineer/pharmacist (Please state YES or NO  
in box on the right side and strike out  
whichever course is not applicable)

I certify that Shri/Kum. ....  
has been examined by me Dr. .... Designation : .....  
on / /20 , and has been found physically disabled and in my opinion, he/she is in a position to undertake  
engineering/ pharmacy course and perform the functions of an engineer/pharmacist.

Outward No. :  
Date :

Signature of competent authority of  
Govt. Hospital (District or State level)

STAMP



Countersigned by Medical Superintendent/  
Civil Surgeon of Govt. Hospital (District or State level)