



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, QUADRUPLEGLIA, 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 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) YES / NO

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)