		URE – III (3)		
		IFICATE		
Name of the Applic	cant:	Application No.		
	Medical Certificate for Visually I: (TO BE ISSUED BY THE D	mpaired (Blindness and Lov DISTRICT MEDICAL BOAR		
Certified that th	e District Medical Board of		•	da
	2022 examined the candidate whose part		ty) have this	
1. Name of the	-	2010112 012 G1 C11 2 C10		
2. Father's Na			Space for affixing	
3. Sex	er s Name .		recent Passport size	
	•		photograp	· I
4. Age	:		candida	I
. Identification Ma	arks : 1 2		atteste	· .
TATIs at Is an Outle are	Airelles / Austinles in Illesian in A	. Vac / Na	Chairman	· .
1 , 0 , 1		: Yes / No	Medical	Board
` •	one or both medical certificate/s for			
fitness from the i	respective Board has to be produced)			
correction in the one of the follow a) Reduction of	of fields less than 50degree	:		
	a with macular involvement	:		
c) Attitudinal	defect involvement lower fields	:		
3. Categories of Vi	sual Disability (Please choose the appro	priate box)		
Category	Better eye	Worse eye	Impairment	Tick (as
				Applicable)
Category O	6/9 - 6/18	6/24 to 6/36	20 %	
Category I	6/16 - 6/36	6/20 to Nil	40 %	
Category II	6/40 – 4/60 or field of vision 10° - 20°	3/60 to Nil	75 %	
Category III	3/60 – 1/60 or field of vision 10°	F.C at 1 ft. to Nil	100 %	
Category IV	F.C at 1 ft. to Nil or field of vision 10°	F.C at 1 ft. to Nil F.C at 1 ft. to Nil or	100 % 30 %	
One eyed persons	6/6	field of vision 10°	30 /6	
NF FYFD nareone	with normal vision are not considered	l .	s Finger Cou	nt
THE LILL PC130113			· ·	116
		1 1 D	1/ /NT-	
0	e for consideration under Differently Ab	-	Yes /No	
10. Whether the car	ndidate is physically and mentally fit to l	-	·	
10. Whether the car		-	Yes /No	

Signature of the Applicant:....

Member 1Member 2Chairman[Signature and Seal][Signature and Seal][Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

Note: Candidates with low vision of $40\,\%$ Impairment and above are considered as disabled and are eligible for consideration under reserved quota.