

**ANNEXURE - III (5)
CERTIFICATE**

Name of the Applicant:..... Application No.

**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 2022 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 of Law Courses : 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.