

CERTIFICATE NO.- II

Name of the Applicant : Application No.

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MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY DIFFERENTLY ABLED PERSONS (To be issued by the District Medical Board)

Certified, that the District Medical Board of (City) have
thisday of2017 examined the candidate whose particulars are given below:

1. Name of the Candidate :
2. Father's Name :
3. Sex :
4. Age :
5. Identification Marks : 1.
2.
6. Whether Audiologically / Visually impaired :
(If yes for either one or both medical certificate/s for fitness from the respective specialist/s to be produced)
7. Nature of Orthopaedic :
8. Extent of permanent disability in percentage :
9. Whether the Candidate fulfils the following Standards and may be considered for admission to undergo studies in MBA / MCA Programme :
 - (a) Normal Blood Pressure : Yes / No
 - (b) Mentally Normal : Yes / No
 - (c) Independent in ambulation with or without calipers but without any support : Yes / No
 - (d) Good standing balance with or without Calipers but without any support : Yes / No
 - (e) Hand function within normal limits without any aid : Yes / No
 - (f) Good control over bowel and bladder : Good / Not Good
 - (g) Is the disability non- progressive : Yes / No
10. Whether eligible for consideration under Differently Abled Persons Quota : Yes / No
11. Whether the candidate is physically and mentally fit to be considered for admission to MBA / MCA Programme : Yes / No (if no please specify reasons)

Space for affixing the
Passport size Photograph
duly attested by Chairman
District Medical Board

Signature of the Applicant

Chairman, District Medical Board

Date with seal of
Medical Board

Members

- 1.
- 2.