

# CERTIFICATE NO.- III

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

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## MEDICAL CERTIFICATE FOR HEARING IMPAIRED ( To be issued by the District Medical Board)

Certified, that the District Medical Board of ..... (City) have

this .....day of .....2017 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 Orthopaedically / Visually impaired : Yes / No  
(If yes for either one or both medical certificate/s for fitness from the respective specialist/s to be produced)
7. Nature of of hearing loss and Extent of disability : RE. LE.  
a) Pure tone average db : .....  
b) Speech discrimination score : .....
8. a) Whether a suitable hearing aid to be used : Yes / No  
b) Is the impairment non-progressive : Yes / No
9. Whether eligible for consideration under Differently Abled Persons quota : Yes / No
10. 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.

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**Note:** Candidate with hearing ability 40 db and above only in the better ear with speech discrimination score of 50 % and above is eligible for consideration under reserved quota.