

## FORM-PwD (II)

Form-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date of

Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female

\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident of House No.-

\_\_\_\_\_ Ward/Village/ Street \_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State

\_\_\_\_\_, whose photograph is affixed above, and am satisfied that:

- he/she is a case of:
  - locomotor disability
  - blindness(Please tick as applicable)
- the diagnosis in his/her case is \_\_\_\_\_
- He/ She has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words) permanent physical impairment/blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines (to be specified).
- The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.

**FORM-PwD (III)**

Form-III

Disability Certificate

(In cases multiple disabilities)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_

\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,

male/female \_\_\_\_\_ Registration No. \_\_\_\_\_

permanent resident of House No. \_\_\_\_\_ Ward/Village/Street

\_\_\_\_\_ Post Office \_\_\_\_\_ District

\_\_\_\_\_ State \_\_\_\_\_,

whose photograph is affixed above, and are satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

**@ - e.g. Left/Right/both arms/legs**

**# - e.g. Single eye/both eyes**

**£ - e.g. Left/Right/both ears**

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.

**FORM-PwD(IV)**

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_

\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,

male/female \_\_\_\_\_ Registration No. \_\_\_\_\_

permanent resident of House No. \_\_\_\_\_ Ward/Village/Street

\_\_\_\_\_ Post Office \_\_\_\_\_ District

\_\_\_\_\_ State \_\_\_\_\_,

whose photograph is affixed above, and am satisfied that he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

a. not necessary

Or

b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

**@ - e.g. Left/Right/both arms/legs**

**# - e.g. Single eye/both eyes**

**£ - e.g. Left/Right/both ears**

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.
---

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.



**Centralized Counselling for M.Tech./M.Arch./M.Plan. Admissions 2018  
(CCMT-2018)  
Coordinated by NIT, Delhi**

**PwD Certificate for Medical Board at Reporting Center**

(For the use of Medical Board at RC)

Date \_\_\_\_\_

Name of the RC \_\_\_\_\_

This is to certify that Shri/Smt/Kum \_\_\_\_\_

Son / daughter of Shri \_\_\_\_\_

age \_\_\_\_\_ sex \_\_\_\_\_ identification mark (s) \_\_\_\_\_

Gate ID \_\_\_\_\_ GATE Score \_\_\_\_\_ Category \_\_\_\_\_ is suffering from permanent disability of following category :-

**A. Locomotors or cerebral palsy:**

- |   |                      |
|---|----------------------|
| (i) BL-Both legs affected but not arms.                   | (a) Impaired reach   |
| (ii) BA-Both arms affected                                | (b) Weakness of grip |
| (iii) BLA-Both legs and both arms affected                | (a) Impaired reach   |
| (iv) OL-One leg affected (right or left)                  | (b) Weakness of grip |
| (v) OA-One arm affected                                   | (c) Ataxic           |
| (vi) BH-Stiff back and hips (Cannot sit or stoop)         | (a) Impaired reach   |
|   | (b) Weakness of grip |
|   | (c) Ataxic           |
| (vii) MW-Muscular weakness and limited physical endurance |                      |
| (viii) Others _____                                       |                      |

**B. Blindness or Low Vision:**

- (i) B-Blind  
(ii) PB-Partially Blind

**C. Hearing Impairment:**

- (i) D-Deaf  
(ii) PD-Partially Deaf

Percentage of disability is \_\_\_\_\_ %.

This is to certify that the candidate is capable of carrying out all theory and practical requirement of engineering/technology/ architecture studies.

and

This is to certify that the persons from whom disability certificate the candidate has produced are authentic.

Signature of the candidate \_\_\_\_\_

(Dr. \_\_\_\_\_)  
Medical Board Member,

(Dr. \_\_\_\_\_)  
Medical Board Member,

(Dr. \_\_\_\_\_)  
Medical Board Member

(Dr. \_\_\_\_\_)  
**Medical Board Chairperson,  
Medical Board**

**FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY**  
**DYSLEXIC CANDIDATE**

(To be obtained from any Dyslexia Association\*)

Date:

**PSYCHO-EDUCATION EVALUATION REPORT**

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No.  
of the Dyslexia Association :

Physical & Neurologic Assessment : [ ]

Psychological Assessment : [ ]

WISC            Verbal IQ:  
                    Performance IQ:  
                    Full Scale IQ:

Interpretation: [ ]

Educational Assessment: [ ]

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)\*\*
2. The disability is **PERMANENT** in nature.

\*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1,1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1<sup>st</sup> Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, LJ Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

\*\*Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

**Name of the certifying official:**

**Seal:**



**CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE  
HEAD OF THE COLLEGE/INSTITUTION LAST ATTENDED**

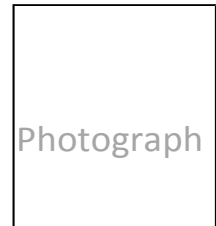
**Testimonial**

Date:

Name of the candidate:

Date of Birth:

Name and Address of the College/Institution:



Certified that Shri/Shrimati/Kumari \_\_\_\_\_ son/  
daughter of \_\_\_\_\_ of  
\_\_\_\_\_ village/town passed/passing his/her Degree  
\_\_\_\_\_ from college/Institution \_\_\_\_\_ and as per  
records, availed concession under dyslexic category.

Signature with seal: