



Certificate for Differently-Abled Person (PwD)

To be issued by Medical Board from Government Hospital

Name of the candidate: Mr./Ms.* _____

Father's Name: _____

Permanent Address : _____

Percentage loss of earning capacity (in words): _____

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: _____

Name of the disease causing handicap: _____

Whether handicap is temporary or permanent: _____

Whether handicap is progressive or non-progressive:

The candidate is FIT / UNFIT to pursue engineering studies.

*Strike out whatever is not applicable.

Doctor

Doctor

Chief Medical Officer

Date:

Seal of Office

NOTE:

The medical board must have three members.

Candidates having temporary or progressive handicaps will not be considered against these seats.

Space for
Photograph