

CERTIFICATE No. I

Name :

Application No.

**Medical Certificate for Orthopaedically Physically Challenged
(TO BE ISSUED BY DISTRICT MEDICAL BOARD)**

Certified, that the District Medical Board of (City) have this day of 2008 examined the Candidate whose particulars are given below.

- | | |
|---|--|
| 1. Name of the Candidate | Space for affixing recent
Passport size photograph
of the candidates duly
attested by charman
District Medical Board |
| 2. Father's Name | |
| 3. Sex | |
| 4. Approximate Age : 1. | |
| 5. Identification Marks : 2. | |
| 6. Whether audiologically / visually handicapped (if yes for either one or both medical certificate / s for fitness from the respective specialist /s to be produced) | |
| 7. Nature of Orthopaedic Handicap | |
| 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 Engineering College / Technical Institution | |
| (a) Normal Blood Pressure | Yes / No Yes |
| (b) Mentally Normal | / 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 Yes / No |
| (e) Hand function within normal limits without any aid | Good / Not good |
| (f) Good control over bowel and bladder | Yes / No Yes / No |
| (g) Is the disability non-progressive | |
| 10. Whether eligible for consideration under Physically Challenged Quota | Yes / No (If no please specify reasons) |
| 11. Whether the candidate is physically and mentally fit to be considered for admission in Engineering College / Technical Institution | |

Signature of the Applicant

Chairman, District Medical Board

Date with seal of

Members

Medical Board

1.

2.

Note : Candidates with permanent Physical Impairment 40 and above are eligible for consideration under reserved quota.

CERTIFICATE No. II

Name : Application No.

**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 2007 examined the Candidate whose particulars are given below.

- | | | | |
|---|----|-------|--|
| 1. Name of the Candidate | : | | |
| 2. Father's Name | : | | Space for affixing recent
Passport size photograph
of the candidates duly
attested by District
Medical Board |
| 3. Sex | : | | |
| 4. Age | : | | |
| 5. Identification Marks | 1) | | |
| | 2) | | |
| 6. Whether Orthopaedically / Visually handicapped
(If yes for either one or both medical certificate /s
for fitness from the respective specialist /s to be produced) | : | | Yes / No |
| 7. Nature 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 Physically Handicapped quota | | | :Yes / No |
| 10. Whether the candidate is physically and mentally
fit to be considered for admission in engineering
College / Technical institution | : | | Yes / No (if no please specify
reasons) |

Signature of the Applicant

Chairman, District Medical Board

Date with seal of

Medical Board

Member

- 1.
- 2.

Note : Candidates 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.

CERTIFICATE No. III

Name : Application No.

Medical Certificate for Visually Impaired (To be issued by the District Medical Board)

Certified, that the District Medical Board of (City) have this day of2007 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 / audilogically handicapped : Yes / No (If yes for either one or both medical certificate /s for fitness from the respective Board has to be produced)
7. Low vision : (Person with low vision means a person with impairment of vision of less than 6/18 to 6/60 with best correction in the better eye or impairment of field in any one of the following categories)
 - a) Reduction of fields less than 50 degree :
 - b) Heminaopia with macular involvement :
 - c) Attitudinal defect involvement lower fields :
8. Categories of Visual Disability
(Please Choose the appropriate box)

Space for affixing recent
Passport size photograph
of the candidates duly
attested by District
Medical Board

Category	Better eye	Worse eye	%age impairment	Tick (as Applicable)
Category O	6/9 - 6/18	6/24 to 6/36	20%	
Category I	6/16 - 6/36	6/20 to Nil	40%	
Category II	6/40 - 4/60 or field of vision 10° - 20°	3/60 to Nil	75%	
Category III	3/60 to 1/60 or field of vision 10°	F.C at 1 ft. to Nil	100%	
Category IV	F.C at 1 ft. to Nil or field of vision 10°	F.C at 1 ft. to Nil	100%	
One eyed persons	6/6	F.C at 1 ft. to Nil or field of vision 10°	30%	

(ONE EYED) with normal vision are not considered as Note: F.C. means Finger Count

9. Whether eligible for consideration under Physically Handicapped quota : Yes / No
10. Whether the candidate is physically and mentally fit to be considered for admission in engineering College / Technical institution : Yes / No (if no please specify reasons)

Signature of the Applicant

Chairman, District Medical Board

**Date with seal of
Medical Board**

Member

- 1.
- 2.

Note : Candidates with low vision of 40% Impairment and above are considered as disabled and are eligible for consideration under reserved quota.

CERTIFICATE No. IV

Name : Application No.

Certificate of permanent residence for Other State Candidates

Certified that Thiru / Thirumathi Parent / Guardian */
Husband of Thiru / Selvi / Thirumathi ** a
candidate for admission to Degree Programme in Anna
University, Tamil Nadu has / had permanent residence at in the
State of

Station :

Signature :

Date :

Name and Designation of the
Certificate issuing Authority :

Seal :

If the above is only a true copy , obtain the attestation below :

**/True Copy/
Attested**

Station :

Signature :

Date :

Name and Designation of the
Certificate issuing Authority :

Seal :

- * applicable only when both parents are deceased
- ** In this case the permanent residence of husband (not of parent or Guardian) should be furnished

1. The Original Certificate should have been signed by the Officer of the Revenue Department not below the rank of a Deputy Tahsildar in the District concerned whether in independent charge or on other duty in the same scale of pay or by the Block Development Officer – Cum – Panchayat Union Commissioner in the Block concerned.
2. I.A.S. and other Officers of the Secretariat not lower in status than a Deputy Secretary to Government are competent to issue this certificate in respect of candidates belonging to the State provided they have personal knowledge of the facts stated in the certificate and make themselves fully responsible for the facts stated.
3. The certificates should bear the stamp of the office of the Officer signing the certificate. The certifying officer should insist upon clear proof of the permanent residence of the parent or guardian of the candidate and satisfy himself of the genuineness of the residential qualification.
4. If any one of the parents of a candidate is alive the state of permanent residence of the surviving parent can alone be taken into account. The candidate may choose the state of permanent residence of a candidate's guardian need be given (and will be taken into account) only if both the parent of the candidate are dead. The relationship of the guardian to the candidate should also be mentioned.
5. If both parents are alive the State of the permanent residence of father of the candidate only should be taken into account.