

CERTIFICATE - II

MEDICAL CERTIFICATE FOR DIFFERENTLY ABLED

(locomotor disability, low vision, hearing impairment, cerebral palsy, and specific learning disability are eligible)

We, the members of the District Medical Board, _____
District certify that we have this ___ day of _____ 2025 examined the
candidate whose particulars are given below:

1.	Name of the Candidate	:	
2.	Father's / Guardians Name	:	
3.	Sex	:	
4.	Age	:	
5.	Identification marks	:	
6.	a. Orthopedically Physically disabled	:	YES / NO
	b. Nature of Orthopedic disability	:	
7.	Extent of permanent disability (mention the % of disability)	:	
8.	Whether the candidate fulfills the following standard and may be considered for admission to undergo studies in TNJFU?	:	
(a)	Normal Blood Pressure	:	YES / NO
(b)	Mentally normal	:	YES / NO
(c)	Visual and auditory disability	:	YES / NO
(d)	Gross speech disorders	:	YES / NO
(e)	Independent in ambulation with or without calipers but without support	:	YES / NO
(f)	Good standing balance with or without calipers but without any support	:	YES / NO
(g)	Hands function within normal limits without any aid	:	YES / NO
(h)	Good control over bowel and bladder	:	YES / NO
(i)	Is the Disability Progressive	:	YES / NO
9.	Whether the candidate is FIT to undergo BFSc / BTech (FE) / BTech (BT) / BTech (FT)/B.B.A/B.Voc. courses?	:	YES / NO

(The Medical Board should satisfy for all the criteria mentioned in the foot note before giving the fitness)

Signature of the applicant

1. Certified that the above candidate does not have Upper limb disability
2. Certified that the extent of permanent disability of the above candidate is ___%

Place :

Date :

Signature of Medical Board:

Member 1

Member 2

Chairman

Note: The above certificate should be issued only by the District Medical Board of the area concerned after due physical examination by the Board.