

MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED

Certified that I Dr. _____

Registration No. _____ have this _____ day of _____

Examined the candidate whose particulars are given below.

1. Name of the candidate :

2. Father's Name :

3. Sex :

4. Approximate age :

5. Identification marks :

6. Orthopaedically Handicapped :
Nature of Physical Handicap

7. Extent of disability :

8. Please state whether the candidate
following standard and may be
considered for admission to undergo
studies in Engineering College /
Polytechnic / Technical Institutions. :

9. Please state whether the candidate
following standard and may be
considered for private sector in
marketing field, R & D and
Govt. officials. :

a. Normal blood pressure :

b. Mentally normal :

c. No visual and auditory handicaps :

d. No cross speech disorders :