

CERTIFICATE OF DISABILITY

(As per Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb 2019/13th May 2019 for Admission to Medical Courses in All India Quota)

Recent Passport size Photograph of the candidate (same as given in the online Application Form) duly attested by the issuing authority

Certificate No. _____ Dated _____

Name of the Designated Centre (as per Appendix-VIII-B): _____

This is to certify that Dr. /Mr. /Ms. _____

Aged _____ Years Son/Daughter of Mr. _____

R/o _____

NEET Application No. _____ NEET Roll No. _____ Rank No. _____

_____, has the following Disability (Name of the Specified Disability) _____ in

(percentage) of _____ (in words) _____ (in

Figures).

- Please tick on the "Specified Disability"

[(Assessment to be done in accordance with the Gazette Notification No. S.O76 (E) dated 4th January 2018 of the Department of Empower of Person with Disability (Divyangjan), Ministry of Social Justice & Empowerment] :

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability* B. Visual Impairment* C. Hearing Impairment* D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. other such as Amputation, Poliomyelitis a. Blindness b. Low Vision a. Deaf b. Hard of hearing a. Organic/Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Development Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions b. Blood Disorders	i. Multiple Sclerosis ii. Parkinson's disease i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5.	Multiple Disability including Deaf-Blindness		More than one of the above-specified disabilities

- **Conclusion:** He/She is **Eligible/Not Eligible** for admission in Medical/Dental courses as per the aforesaid Gazette Notification(s) subject to his being otherwise medically fit.

- ❖ Functional competency with the aid of **Assistive devices** in case of **Locomotor*/Visual*/Hearing* Impairment**, if any

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)