

CERTIFICATE OF DISABILITY

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/14th May, 2019 for Admission to Medical Courses in All India Quota)

Certificate No. _____ Dated _____

Name of the Designated Centre (as per Appendix IX-A) : _____

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 may be done on the basis of Gazette of India. Extraordinary, Part-II, Section 3 Sub-section (ii), Ministry of Social Justice and 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 Disability (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Development Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis ii. Parkinsonism
		b. Blood Disorders	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 MCI Gazette Notification 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)

Affix Passport size Photograph of the candidate (same as uploaded on the Online Application Form) duly attested by the issuing authority