

**FORM OF CERTIFICATE FOR PHYSICALLY DISABLED CANDIDATE  
FOR ADMISSION FROM DIPLOMA IN ENGINEERING COURSES  
TO SECOND YEAR (THIRD SEMESTER) OF BACHELOR OF  
ENGINEERING AND TECHNOLOGY COURSES (2011-12)**

1. Full name of candidate :

2. O.P.D. Case No. :

3. (a) Nature of disability :   
(to be mentioned in box on the right side)

POLIO; CEREBRAL PALCY,  
HEMIPLEGIA, QUADRUPLEGLIA, AMPUTATIONS,  
CONGENITAL & AQUIRED DEFORMITY  
VISUAL IMPAIRED,  
HEARING IMPAIRED,  
OTHERS

(b) Extent of disability :   
(to be mentioned in box on the right side)  
BELOW 40% / 40% TO 60% / ABOVE 60% / TOTAL DISABILITY

4. Despite the disability whether the candidate is fit to undergo : YES / NO   
engineering/pharmacy education and will be able to  
discharge his/her duties as an engineer/pharmacist  
(Please state YES or NO in box on the right side and  
strike out whichever course is not applicable)

I certify that Shri/Kum. ....  
has been examined by me Dr. ....  
Designation : .....  
on     /     /2011, and has been found physically disabled and in my opinion, he/she  
is in a position to undertake engineering/pharmacy course and perform the functions of  
an engineer/pharmacist.

Outward No. :  
Date :

Signature of competant authority of  
Govt. Hospital (District or State level)



STAMP

Countersigned by Medical Superintendent/  
Civil Surgeon of Govt. Hospital (District or State level)