

ANNEXURE : I

Medical Certificate for Physically Handicapped Candidate

FORM OF CERTIFICATE FOR PHYSICALLY DISABLED CANDIDATE FOR
ADMISSION TO POST GRADUATE DEGREE ENGINEERING AND
PHARMACY COLLEGES IN GUJARAT STATE

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, QUADRUPLEGIA, 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 / /20...., 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 competent authority of
Govt. Hospital (District or State level)

STAMP



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

ANNEXURE : II

Sponsorship Certificate (From the Sponsorer on Letter Head)

**This is to Certify that Mr./Ms. is working in
..... (Name of Organization/Institute) as
..... on full time basis and he/she permitted to joint
M.E. / M. Tech. / M. Pharm. programme from the academic year 2011-12. He/She will
be allowed to continue full time till the completion of the programme.**

Date:

Place:

Signature of sponsoring authority with Official Seal