CERTIFICATE No. VI

Name of the Applicant : ..... Application No. | | | | | | |

Medical Certificate for Hearing Impaired
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified that the District Medical Board of ..... (City) have this ..... day of ..... 2017 examined the candidate whose particulars are given below.

Space for affixing recent Passport size photograph of the candidate duly attested by Chairman District Medical Board

1. Name of the Candidate :

2. Father's Name :

3. Sex :

4. Age :

5. Identification Marks 1.
2.

6. Whether Orthopaedically / Visually impaired : Yes / No
(If yes for either one or both medical certificate /s for fitness from the respective specialist /s to be produced)

7. Nature of hearing loss and extent of disability

	:	RE.	LE.
a) Pure tone average db		.....	.....
b) Speech discrimination score		.....	.....

8. a) Whether a suitable hearing aid to be used : Yes / No
b) Is the impairment non-progressive : Yes / No

9. Whether eligible for consideration under Differently Abled Persons quota : Yes / No

10. Whether the candidate is physically and mentally fit to be considered for admission in engineering College / Technical institution : Yes / No (if no please Specify reasons)

Signature of the Applicant

Chairman, District Medical Board

Date with seal of

Medical Board **Member**

1.

2.

Note: Candidates with hearing ability 40 db and above only in the better ear with speech discrimination score of 50 % and above are eligible for consideration under reserved quota.