

ANNEXURE - III (4)

CERTIFICATE

Name of the Applicant:.....

Application No.

Medical Certificate

**(Autism/Intellectual disability/Specific learning disability/Mental illness)
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified that the District Medical Board of(City) have thisday of 2022 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Approximate Age :
- 5. Identification Marks : 1.
2.

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

6. He/she is found to be categorized as persons with

Autism	Intellectual Disability	Specific Learning Disability	Mental Illness
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7. Extent of permanent disability in percentage% (in words.....%).

8. This condition is progressive/not progressive / likely to improve / not likely to improve*.

9. Whether the candidate is eligible for consideration under Differently

Abled Persons Quota : Yes / No

10. Whether the candidate is physically and mentally fit to be

Considered for admission of Law Courses : Yes / No
(If no please specify reasons)

Signature of the Applicant:.....

Member 1
[Signature and Seal]

Member 2
[Signature and Seal]

Chairman
[Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

Note: Candidates with permanent Physical Impairment 40% and above are eligible for consideration under reserved quota.