

**ANNEXURE - III (2)**

**CERTIFICATE**

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

**Medical Certificate for Hearing Impaired (Deaf and Hard Hearing)  
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified that the District Medical Board of .....(City) have this .....day 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. Whether Orthopedically / Visually Impaired : Yes / No  
(If yes for either one or both medical certificates for fitness from the respective specialists 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 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 hearing ability 40% and above only in the better ear with speech discrimination score of 50 % and above are eligible for consideration under reserved quota.**