FORM -I MEDICAL CERTIFICATE FOR THE VISUALLY IMPAIRED CANDIDATE

Attested Photograph

Certified that, I Dr		
Registration No have this	day of	year 20
examined the candidate whose particulars are given below:		
1. Name of the Candidate		
2. Sex	:	
3. Approximate Age		
4. Identification mark	•	18
5. (a) Father's Name	:	
(b) Mother's Name		
6. Extent of residual vision, if any	: Right eye	
	Lefteye	
7. On set of visual impairment (Please state		
whether visual impairment is from birth or acquired lat	er.	
If it has been caused afterwards, the age and		
cause of visual impairment may be indicated)		
(For the purpose of concessions granted to		
visually impaired candidates, visually impaired are		*
those who suffer from either of the following.)		
(a) Total absence of sight		
(b) Visual acquity not exceeding	•	
6/60 or 20/200 (Snellen) in the better		
eye with correcting lenses.		
(c) Limitation of the field of vision substanding		
angle of 20 degrees or worse)		
8. Please mention the percentage of disability and state		
clearly whether the candidate is visually impaired who		
can be considered for the purpose of giving concession		
granted by the Board to Visually Impaired Candidate.		
Signature of Candidate Signa	ature of Opthalmologis	st
Place:	Designation:	
Date :	Office Stamp:	
Bate.	Address:	
Countersigned by Civil Surgeon and Date :		
School Index No. / Jr. College Index No.		
Signature of Head Master/Principal and Stamp:		
Digitative of Head Habita I Interparative or the		

FORM -II MEDICAL CERTIFICATE FOR THE HEARING IMPAIRED CANDIDATE

Attested Photograph

	Certified that, I Dr				
Regis	tration No have this		lov of	20	
exami	ned the candidate whose particulars are given below:	u	iay 01	year 20 -	
1.	Name of the Candidate				
2.	Sex				
3.	Approximate Age				
4.	Identification mark				
5.	(a) Father's Name				
	(b) Mother's name				
6.	An estimate of the residual hearing, if any, and the	•	(-) ·	D: 1.	
THE STATE OF THE S	basis on which this estimate has been arrived at -		(a)	Right ear:	
7.	Onset of deafness (Please state whether deafness		(b)	Left ear:	
	is from birth or acquired later. If it has been caused				
1	afterwards, the age and cause of deafness may be				
	indicated)				
	(For the purpose of concessions granted				
	to hearing impaired candidates, hearing impaired				
	are those, in whom the sence of hearing is non-function	no1			
and the second	for the ordinary purposes of life. Generally loss of	liai			
To the state of th	hearing at 60 decibels or above at 500, 1000, 2000				
	frequencies will make residual hearing				
	non-functional)				
8.	Please mention the percentage of disability and				
	state clearly whether the candidate is hearing impaired				
	for the purpose of giving concessions, granted by the				
	Board to hearing impaired Candidates				
9.	Please enclose audiogram chart				
	8	•			
		Later lat			
Signatu	re of Candidate	Siona	ture of F	ENT Specialist	
Place:		1000	nation:	A 1 Specialist	
Date:			e Stamp:		
		Addre			
		11001			
Counter	rsigned by Civil Surgeon and Date :				
School	Index No. / Jr. College Index No.				
Signatu	re of Head Master/Principal and Stamp:	478			
1 -					
1	(9010)				

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPED (PHYSICALLY) HANDICAPPED OR SPASTIC CANDIDATE

For the purpose of concessions granted to orthopedically (physically) handicapped or spastic, the Orthopedically (Physically) Handicapped or Spastic are those who have physical defect or deformity which causes an interference with the normal functioning of bones, muscles and joints.

	Certified that, I Dr		Registration
No.	have this		
-, exar definit	mined the candidate whose particulars are giv tion:	en below and that he/sl	he falls within the above
1	Name of the Candidate	:	
2.	Sex		
3.	Approximate Age		
4.	Identification mark		
5.	(a) Father's Name		
	(b) Mother's Name		
6. A.	Nature of disability:		
and the same of th	(Tick relevant from following List)		
	POST-POLIO-PARALYSIS, HEMIPLEGIA, QUAD	RAPLEGIA.	
The state of the s	MALUNITIED, FRACTURE, NERVE PARALYSIS		
	EXTREMITY, LOWER EXTREMITY, LIMP, PAIN	FUL,	
-	SHORTENING, DEFORMITY, CONGENITAL, AC		
	ABOVE KNEE, BELOW KNEE, HIP HEMIPELVE		
	SYMES, CHEOPARTS, WRIST, FINGERS, BELO ABOVE ELBOW, SHOULDERS, FORE QUARTER		
	UNILATERAL, BILATERAL	`	
B	Extent of disability:		
D.	Estimate in percentage (mc.Bridge Scale)		
-			
,	On Anatomical, Functional, (Patients Assessing Examiner's Assessment)	nen,	
		Cdissbilits	
	Percentage (Please mention the percentage of		
	and state whether the candidate is Orthopaed	[14] [14] [14] [14] [14] [15] [16] [16] [16] [16] [16] [16] [16] [16	
	(Physically) Handicapped or Spastic who ca		
	considered for the purpose of giving concess		
	granted by the Board to Physically Handicap	oped/	
	Spastic candidate		
C.		The state of the s	
	Calliper, Crutch, Above Knee, Below Knee,		
	Cane, Unilateral, Bilateral, Above Elbow, Be	일이 민준은 이 경우 보는 사람이 많은 것은 것이 없다.	
	Hemipelvectomy, Shoulder, Dis-Articulation		

- D. Any operation done or indicated
- E. Photograph (Attested) to be pasted below to show the nature of disability and any appliance if used.
 - Any other particulars to clarify that nature and extent of disability that the Surgeon might like to point out.:

Post Card Size (Full Body Photograph)

Signature of Candidate

Place:

7.

Date:

Countersigned by Civil Surgeon and Date

School Index No. / Jr. College Index No.

Signature of Head Master/Principal and Stamp:

Signature of Orthopaedic Surgeon

Designation:

Office Stamp: 4

Address:

(940)

FORM-IV MEDICAL CERTIFICATE FOR THE CANDIDATES HAVING LEARNING DISABILITY

Attested Photograph

Certified that we Dr	
Special educator	Regd. No./Licence No have, examined
the candidate, whose particulars are given bel Name of the Candidate Sex Age in years and months Identification mark Signature of the Candidate (a) Father's Name (b) Mother's Name Nature and percentage of the disability (Based on the tests devised by the Boan Neurologist, Child Psychologist and Please indicate the disability with a (second	ow, on the following dates independent of each other: : : : : : : : : : : : : : : : : : :
(a) DYSLEXIA	
(b) DYSGRAPHIA	1 9
(c) DYSCALCULIA	
The permission to conduct the examin paper and take a dictation of the answer tongue / medium of instructions and third language option of Work Experiemay be granted. Dysgraphia: The permission to use a writer for an guages (one mother tongue / medium three languages. For third language option these candidates may be granted. Dyscalculia The permission to opt Arithmetic for	ation with the use of a writer who will read out the question er and the permission to offer Two Languages (one mother he other second language) instead of three languages. For ence according to Scheme of Subjects for these candidates swering the paper and the permission to offer Two Language) instead of instructions and the other Second Language) instead of tion of Work Experience according to Scheme of Subjects at Std. VII (75 marks) and Work Experience (75 Marks) Geometry). No concession regarding any other subjects.
Signature of the examining neurologist and dat Signature of the examining Paediatrician / Special Educator and Date Countersigned by Civil Surgeon and Date Signature of Head Master/Principal and Stamp School Index No. / Jr. College Index No.	

FORM - V

Medical Certificate for the Austistic Candidate

Attested

					Photograph
Certi	fied that, I Dr.				
Regi	stration No.	Dated —		—— have	
exan	nined the candidate whose particula	urs are given l	pelow:		
		- 1 VATO - 1 H	45		
1.	Name of the Candidate:				
2.	Sex :				
3.	Age/Approximate Age:				
4.	Identification Mark :				
5.	(a) Father's Name:				
	(b) Mother's Name:				
6.	Extent of autism				
7.	Please mention the percentage o				
	and state clearly whether the car		istic		
	and eligible to get concession gr	anted			
	by the Board to Autistic candida	ate	:		
Ciona	ature of the Candidate:				
Place					
Date			. Paris		
				Signature of Speciali	zed Doctor
	tersigned by Civil Surgeon and Da		•	Designation	
	ol Index No. / Jr. College Index N			Office Stamp	
Signa	nture of the Head Master / Principa	l and Stamp	•	Address:	
•		***			

(989)