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 :
5. (a) Father's Name :
   (b) Mother's Name :
6. Extent of residual vision, if any : Right eye
   Left eye
7. On set of visual impairment (Please state whether visual impairment is from birth or acquired later. 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 concessions, granted by the Board to Visually Impaired Candidate. :

Signature of Candidate
Place :
Date :

Signature of Opthalmologist
Designation :
Office Stamp :
Address :

Countersigned by Civil Surgeon and Date :
School Index No. / Jr. College Index No. :
Signature of Head Master/Principal and Stamp :

FORM -II
MEDICAL CERTIFICATE FOR THE HEARING 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 :
5. (a) Father's Name :
   (b) Mother's name :
6. An estimate of the residual hearing, if any, and the basis on which this estimate has been arrived at - : (a) Right ear : (b) Left ear :
7. Onset of deafness (Please state whether deafness is from birth or acquired later. If it has been caused 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-functional for the ordinary purposes of life. Generally loss of 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 :

Signature of Candidate
Place :
Date :

Signature of ENT Specialist
Designation :
Office Stamp :
Address :

Countersigned by Civil Surgeon and Date :

School Index No. / Jr. College Index No. :

Signature of Head Master/Principal and Stamp :

FORM -III

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPEDICALLY (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 ---------------------- day of ----------- year 20 ----------, examined the candidate whose particulars are given below and that he/she falls within the above definition :

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 : :
   (Tick relevant from following List)
   POST-POLIO-PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITIED, FRACTURE, NERVE PARALYSIS, UPPER EXTREMITY, LOWER EXTREMITY, LIMP, PAINFUL, SHORTENING, DEFORMITY, CONGENITAL, ACQUIRED, ABOVE KNEE, BELOW KNEE, HIP HEMIPELVECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS, BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL

   B. Extent of disability : :
   Estimate in percentage (mc.Bridge Scale)
   On Anatomical, Functional, (Patients Assessment, Examiner's Assessment)
   Percentage (Please mention the percentage of disability and state whether the candidate is Orthopaedically (Physically) Handicapped or Spastic who can be considered for the purpose of giving concessions granted by the Board to Physically Handicapped / Spastic candidate :

   C. Use of Applicant : (Tick relevant from following list) :
   Calliper, Crutch, Above Knee, Below Knee, Prosthesis, Cane, Unilateral, Bilateral, Above Elbow, Below Elbow, 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.

7. 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 :

Date :

Signature of Orthopaedic Surgeon

Designation :

Office Stamp :

Address :

Countersigned by Civil Surgeon and Date :

School Index No. / Jr. College Index No. :

Signature of Head Master/Principal and Stamp :

Attested Photograph

FORM -IV

MEDICAL CERTIFICATE FOR THE CANDIDATES HAVING LEARNING DISABILITY

Certified that, we, Dr. ---------------------------------------Regd. No. -------------------and Dr./ Special educator ----------------------------------Regd. No./Licence No. ----------------- have, examined the candidate, whose particulars are given below, on the following dates independent of each other :

1. Name of the Candidate :
2. Sex :
3. Age in years and months :
4. a) Identification mark :
   b) Signature of the Candidate :
5. (a) Father's Name :
   (b) Mother's Name :
6. Nature and percentage of the disability :
   (Based on the tests devised by the Board comprising of a Neurologist, Child Psychologist and Special Educator)
   Please indicate the disability with a (√) (tickmark)

   (a) DYSLEXIA ☐
   (b) DYSGRAPHIA ☐
   (c) DYSCALCULIA ☐

   We further recommend the following concessions to be permitted for the same.

   Dyslexia :
   The permission to conduct the examination with the use of a writer who will read out the question paper and take a dictation of the answer and the permission to offer Two Languages (one mother tongue / medium of instructions and the other second language) instead of three languages. For third language option of Work Experience according to Scheme of Subjects for these candidates may be granted.

   Dysgraphia :
   The permission to use a writer for answering the paper and the permission to offer Two Languages (one mother tongue / medium of instructions and the other Second Language) instead of three languages. For third language option of Work Experience according to Scheme of Subjects for these candidates may be granted.

   Dyscalculia
   The permission to opt Arithmetic for Std. VII (75 marks) and Work Experience (75 Marks) instead of Mathematics (Algebra and Geometry). No concession regarding any other subjects.

Signature of the examining neurologist and date :
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

Certified that, I Dr. ________________________________

Registration No. ________________ Dated ________________ have examined the candidate whose particulars are given below :

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 of disability and state clearly whether the candidate is autistic and eligible to get concession granted by the Board to Autistic candidate :

Signature of the Candidate :

Place :

Date :

Signature of Specialized Doctor

Designation

Office Stamp

Address :

Countersigned by Civil Surgeon and Date :

School Index No. / Jr. College Index No. :

Signature of the Head Master / Principal and Stamp :

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