

CERTIFICATE OF DISABILITY

(As per Gazette Notification No. MCI-34(41)/2018-Med./170045 dated 5th February, 2019 for admission to Medical Courses in All India Quota)

Certificate No. _____ Dated _____

Name of the Designated Disability Centre (as per ANNEXURE):

This to certify that Dr. / Mr. / Ms. _____

Aged _____ Years Son/ Daughter of Mr. _____

R/o _____

Recent Passport
Size Photograph
of the candidate
duly attested by
the issuing
authority

NEET Roll No. _____, Rank No. _____, has the following

Disability (Name of the Specified Disability) _____

and has Permanent Physical Impairment(PPI) with the Disability Range (in percentage)

of _____ (in words) _____ (in Figures).

- Please tick on the "Specified Disability"

(Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section 3 Sub-section(ii), Ministry of Social Justice and Empowerment)

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability B. Visual Impairment C. Hearing Impairment D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. others such as Amputation, Poliomyelitis a. Blindness b. Low Vision a. Deaf b. Hard of hearing a. Organic/ Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities(Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions b. Blood Disorders	i. Multiple Sclerosis ii. Parkinsonism i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5.	Multiple Disabilities including Deaf Blindness		More than one of the above specified disabilities

- Conclusion: He/ She is Eligible/ Not Eligible for admission in Medical/ Dental courses as per the MCI/ DCI Guidelines subject to his being otherwise medically fit.

Sign & Name _____

(Concerned Specialist)

Sign & Name _____

(Concerned Specialist)

Sign & Name _____

(Concerned Specialist)