

**CERTIFICATE OF DISABILITY**

(As per Gazette Notification No. MCI-34(41)/2018-Med./170045 dated 5<sup>th</sup> 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.	<b>Physical Disability</b>	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.	<b>Intellectual Disability</b>		a. Specific Learning Disabilities(Perceptual disabilities. Dyslexia, Dyscalculia, Dyspraxia & Developmental Aphasia b. Autism Spectrum Disorders
3.	<b>Mental Behaviour</b>		a. Mental illness
4.	<b>Disability caused due to</b>	a. Chrome Neurological Conditions b. Blood Disorders	a. Multiple Sclerosis b. Parkinsonism  i. Haemophilia, ii. Thalassemia, iii Sickle Cell Disease
5.	<b>Multiple Disabilities including Deaf Blindness</b>		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)