

**Pro forma – F2***To be issued on the Letter Head of the concerned office***(For Persons with Disability Candidates)****CERTIFICATE OF DISABILITY**

Certificate No.....

Dated.....

Name of the Designated Disability Center  
.....Recent Passport  
Size Photograph  
of the candidate  
duly attested by  
the issuing  
Authority

This is to Certify that Mr./Mrs/Ms.....  
aged ..... years Son/Daughter of Mr.....  
R/o.....

..... ,  
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 Gazzete 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, Poliomyelitics  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 disorder
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
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Conclusion: He/She is Eligible/Not Eligible for admission in Engineering/Pharmacy/HMCT Courses subject to his being otherwise medically fit.

Sign and Name  
(Concerned Specialist)

Sign and Name  
(Concerned Specialist)

Sign and Name  
(Concerned Specialist)