

CERTIFICATE OF DISABILITY

(As per Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb 2019/13th May 2019 for Admission to Medical Courses in All India Quota)

Certificate No. _____ Dated _____

Name of the Designated Centre (as per Appendix-VIII-B): _____

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

Aged _____ Years Son/Daughter of Mr. _____

R/o _____

NEET Application No. _____ NEET Roll No. _____ Rank No. _____, has the following Disability (Name of the Specified Disability) _____ in (percentage) of _____ (in words) _____ (in Figures).

- Please tick on the “Specified Disability”

[(Assessment to be done in accordance with the Gazette Notification No. S.O76 (E) dated 4th January 2018 of the Department of Empower of Person with Disability (Divyangjan), Ministry of Social Justice & 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. other 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, Dysgraphia, Dyscalculia, Dyspraxia & Development 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. Parkinson's disease i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5	Multiple Disability 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 aforesaid Gazette Notification(s) subject to his being otherwise medically fit.
- ❖ Functional competency with the aid of Assistive devices in case of Locomotor*/Visual*/Hearing* Impairment, if any _____

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)

List of Centres for Disability Certificates

(List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwBD candidates in support of their claim to avail 5% PwBD reservation in UG/ Broad Speciality PG Courses)

S/No.	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability.
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Gonitometer Adult. Plumb Line, Hand Dynamometer, Laser

9.	Govt. Medical College and Hospital, Sector32	Chandigarh	All Disabilities as mentioned in Disability Certificate
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10.	Govt. Medical College, Agartala, State Disability Board	Agartala/Tripura	All Disabilities as mentioned in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University,	Varanasi/ Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13.	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT For Visual Disability: Candidates who use LVAs may bring their own LVAs which can be checked.
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH), Mysuru	Mysuru, Karnataka	For Speech & Hearing Disabilities only

Disability Certificate

(Certificate for persons with a disability under RPwBD Act, 2016 having 40% or more/40% or less disability) Form – PwBD (IV)

Recent PP size attested photograph (showing face only) of the person with disability

Certificate No. _____

Date: _____

1. This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o , a resident of(Vill/PO/PS/District/State), aged yrs, a person with (nature of disability/condition), and to state that he/she has a limitation which hampers his/her writing capability owing to his/her above condition. He/she requires the support of a Scribe for writing the examination.
2. The above candidate uses aids and an assistive devices such as prosthetics & orthotics, and hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of a Scribe.
3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for a maximum period of six months or less as may be certified by the medical authority).

Signature of Medical Authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Letter of Undertaking for using own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Application No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My qualification is _____.

I do hereby state that _____ (name of the Scribe) will provide the service of Scribe/reader/lab assistant for the undersigned for taking the aforesaid examination. I do hereby undertake that his qualification is _____. In case, subsequently, it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the admission and claims relating thereto.

(Signature of the candidate with disability)

Photograph of Scribe

Place:

Date:

(Self – Attested Photograph)

Name of Scribe	ID of Scribe	ID Number	Signature of Scribe