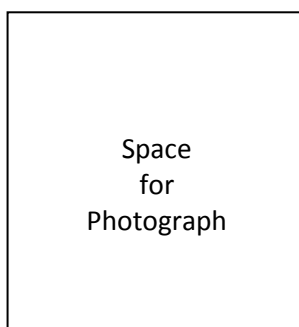


**Medical Fitness Certificate**

(To be signed by a registered medical practitioner holding a Medical Degree)

**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**



I certify that I have carefully examined Mr./Ms.\* \_\_\_\_\_

Son/daughter of Shri \_\_\_\_\_ whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

Name & signature of the Medical Officer with seal  
and registration number

\* Strike whichever is not applicable.

**Certificate for Differently Abled Person (PD)**

**To be issued by Medical Board from Government Hospital**

Name of the candidate: Mr./Ms.\* \_\_\_\_\_

Father's Name: \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Space for  
Photograph**

Percentage loss of earning capacity (in words):

\_\_\_\_\_

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: \_\_\_\_\_

Name of the disease causing handicap: \_\_\_\_\_

Whether handicap is temporary or permanent: \_\_\_\_\_

Whether handicap is progressive or non-progressive: \_\_\_\_\_

The candidate is FIT / UNFIT to pursue the engineering studies.

(\*Strike out whichever is not applicable)

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Chief Medical Officer

Date:

Seal of Office

**NOTE:**

The medical board must have three members.

1. Candidate having temporary or progressive handicap will not be considered against these seats.

Form-I  
Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_  
\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female -

\_\_\_\_\_ Registration No. \_\_\_\_\_ Permanent

resident of House No.- \_\_\_\_\_ Ward/Village/ Street

\_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State

\_\_\_\_\_, whose photograph is affixed above, and am

satisfied that:

1. he/she is a case of:
  - a. locomotor disability
  - b. blindness

(Please tick as applicable)

2. the diagnosis in his/her case is \_\_\_\_\_

3. He/ She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent  
(in words) permanent physical impairment/blindness in relation to his/her  
\_\_\_\_\_ (part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.

Form II  
Disability Certificate  
(In cases of multiple disabilities)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_  
\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_  
\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female \_\_\_\_\_ Registration No. \_\_\_\_\_  
permanent resident of House No. \_\_\_\_\_ Ward/Village/Street  
\_\_\_\_\_ Post Office \_\_\_\_\_ District  
\_\_\_\_\_ State \_\_\_\_\_, whose  
photograph is affixed above, and are satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/  
disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and  
shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes  
£ - e.g. Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

a not necessary

b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Disability Certificate

(In cases other than those mentioned in Forms I and II)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_

\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_

years, male/female \_\_\_\_\_ Registration No. \_\_\_\_\_

\_\_\_\_\_ Permanent resident of House No. \_\_\_\_\_

\_\_\_\_\_ Ward/Village/Street \_\_\_\_\_

\_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_,

whose photograph is affixed above, and am satisfied that he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£- e.g. Left/Right/both ears

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

a. not necessary

b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

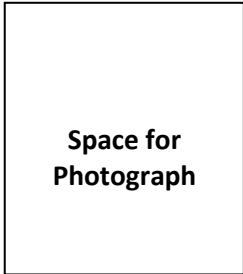
{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996

**Suitability Certificate for Availing Admission against Differently Abled Person (PD)**

**(To be submitted at the Time of Counseling/Admission)**



Certified that Shri / Km/ Smt. \* \_\_\_\_\_  
son/daughter/wife of Shri/Smt. \_\_\_\_\_ is physically  
handicapped due to \_\_\_\_\_ and he/she  
is fit for undergoing the course(s) \_\_\_\_\_  
\_\_\_\_\_ at DTU, IGDTUW, IIITD or NSUT.

Name & Signature of  
The Officer In-charge  
Vocational Rehabilitation Centre for  
Physically Handicapped  
9,10,11 Karkardooma,  
Vikas Marg, Delhi-110092.



**Certificate for Economically weaker Section (EWS)**

**Government of \_\_\_\_\_**

**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY CANDIDATES SEEKING RESEWRVATION UNDER ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

1. This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street Post. Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory Pin Code whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her I family\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_ His/her family does not own or possess any of the following assets\*\*\* :

- i) 5 acres of agricultural land and above;
- ii) Residential flat of 1000 sq. ft. and above;
- iii) Residential plot of 100 sq. yards and above in notified municipalities;
- iv) Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the caste \_\_\_\_\_ which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes.

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph  
of the applicant

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.