## ANNEXURE- III (3)

		CERTIFI	CATE		
Na	me of the Applicant:		Application No:		
		Medical Certificate for Visually Imp (TO BE ISSUED BY THE DIST			
		strict Medical Board of4 examined the candidate whose particul		his Da	ay of
	1.Name of the Cand 2.Father's Name 3.Sex 4.Age	didate : : : : : : : : : : : : : : : : : : :		Space for affixing recent Passport size photograph of the candidate duly attested by Chairman District Medical Board	
	Identification Marks	:1 2			
	(If yes for either one	ally / Audiologically Impaired or both medical certificate/s for ective Board has to be produced)	: Yes / No		
	impairment of vision correction in the bette one of the following ca Reduction of field Heminaopia with the Attitudinal defe	ds less than 50 degree ch macular involvement ct involvement lower fields	: : :		
۶. Г	Categories of Visual 1 Category	Disability (Please choose the appropriate Better eye	box) Worse eye	Impairment	Tick (as
		-	-	_	Applicable)
L	Category O	6/9-6/18	6/24 to 6/36	20%	
L	Category I	6 / 16 - 6 / 36 6 / 40 - 4 / 60 or field of vision 10° - 20°	6/20 to Nil 3/60 to Nil	40% 75 %	
ŀ	Category II Category III	$3 / 60 - 1 / 60$ or field of vision $10^{\circ} - 20^{\circ}$	F.Cat 1ft. to Nil	100%	
L	Category IV	F. Cat 1ft. to Nil or field of vision 10°	F.Cat 1ft. to Nil	100%	
	One eyed persons	6/6	F.Cat 1ft. to Nil or Field of vision 10°	30%	
1	E EYED persons with	h normal vision are not considered as	disabled Note: F.C. means	s Finger Count	
	•	consideration under Differently Abled Pe te is physically and mentally fit to be	ersons quota :	Yes/No	
	Consider	red for admission of Law Courses	:	Yes/No	
			(If no please spe	cify reasons)	
<b>;</b> 1	nature of the Applica	ınt:			
Member1Member2Signature and Seal][Signature and S			[Sign	Chairman nature and Seal]	
				Seal of t	he Medical Bo
tr	keout whichever is n				
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