

**ANNEXURE – III (4)**

**CERTIFICATE**

Name of the Applicant:.....

Application No:

**Medical Certificate**

**(Autism / Intellectual disability / Specific learning disability / Mental illness)**

**(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified that the District Medical Board of ..... (City) have this ..... day of ..... 2024 examined the candidate whose particulars are given below.

- 1. Name of the Candidate : .....
- 2. Father's Name : .....
- 3. Sex : .....
- 4. Approximate Age : .....
- 5. Identification Marks : 1. ....  
2. ....

Space for affixing recent Passport size photograph of the candidate duly attested by Chairman District Medical Board

6. He/she is found to be categorized as persons with

Autism	Intellectual Disability	Specific Learning Disability	Mental Illness
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7. Extent of permanent disability in percentage .....% (in words ..... %).

8. This condition is progressive/not progressive / likely to improve / not likely to improve\*.

9. Whether the candidate is eligible for consideration under Differently

Abled Persons Quota : Yes / No

10. Whether the candidate is physically and mentally fit to be

Considered for admission of Law Courses : Yes / No  
(If no please specify reasons)

Signature of the Applicant: .....

**Member 1**  
[Signature and Seal]

**Member 2**  
[Signature and Seal]

**Chairman**  
[Signature and Seal]

**Seal of the Medical Board**

\*Strike out whichever is not applicable.

**Note: Candidates with permanent Physical Impairment 40 % and above are eligible for consideration under reserved quota.**