

ANNEXURE – III (2)

CERTIFICATE

Name of the Applicant:

Application No:

**Medical Certificate for Hearing Impaired (Deaf and Hard Hearing)
(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. Whether Orthopedically / Visually Impaired : Yes / No
(If yes for either one or both medical certificates for fitness from the respective specialists to be produced)

7. Nature of hearing loss and extent of disability : RE. LE.
a) Pure tone average db
b) Speech discrimination score

8. a) Whether a suitable hearing aid to be used : Yes / No
b) Is the impairment non-progressive : Yes / No

9. Whether 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 hearing ability 40 % and above only in the better ear with speech discrimination score of 50 % and above are eligible for consideration under reserved quota.