

**ANNEXURE – III (1)
CERTIFICATE**

Name of the Applicant:

Application No:

**Medical Certificate for Locomotor Disability including Cerebral Palsy, Leprosy Cured, Dwarfism,
Acid Attack Victims and Muscular Dystrophy
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified that the District Medical Board of..... (City) have this.....day of
..... 2026 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

Locomotor Disability	Cerebral Palsy	Leprosy Cured	Dwarfism	Acid Attack Victims	Muscular Dystrophy
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- 7. Nature of Orthopedic :
- 8. Extent of permanent disability in percentage :
- 9. Whether the candidate fulfils the following Standards and
May be considered for admission in Law College/University :

 - (a) Normal Blood Pressure : Yes/No
 - (b) Mentally Normal : Yes/No
 - (c) Independent in ambulation with or without caliper
But without any support : Yes/No
 - (d) Good standing balance with or without calipers
But without any support : Yes/No
 - (e) Hand function within normal limits without any aid : Yes/No
 - (f) Good control over bowel and bladder : Yes/No
 - (g) Is the disability not - progressive : Yes/No

- 10. Whether eligible for consideration under Differently Abled
Persons Quota : Yes/No
- 11. 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:

Member1
[Signature and Seal]

Member2
[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.