

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 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

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.