

**ANNEXURE – III (5)  
CERTIFICATE**

Name of the Applicant: ..... Application No:

**Medical Certificate for Multiple Disability  
(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 a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated for the disabilities ticked below, and shown against the relevant disability in the table below.

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/ Mental Disability (in %)
1.	Locomotor Disability	Left/Right/both arms Left/Right/both legs		
2.	Low Vision	Single eye / both eyes		
3.	Blindness	Both eyes		
4.	Hearing Impaired	Left/Right/both ears		
5.	Mental Retardation			
6.	Mental Illness			
7.	Other Specified Disabilities			

- 7. Extent of overall permanent physical impairment in percentage ..... % (in words..... %)
- 8. This condition is progressive / non-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.**