CERTIFICATE OF DISABILITY

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/ 14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No. Dated

**Recent Passport Size Photograph of the candidate duly attested by the issuing authority**

Name of the Designated Disability Centre (as per ANNEXURE):

This to certify that Dr. / Mr. / Ms. Aged Years Son/ Daughter of Mr. R/o

NEET Roll No. , Rank No. , has the following

**Disability (Name of the Specified Disability)** (in percentage) of **(in words) (in Figures).**

* **Please tick on the “Specified Disability”**

(Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section 3 Sub-section(ii), Ministry of Social Justice and Empowerment)

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| --- | --- | --- | --- |
| **S/No.** | **Disability Type** | **Type of Disability** | **Specified Disability** |
| **1.** | **Physical Disability** | A. Locomotor Disability\* | a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. others such as Amputation, Poliomyelitis   1. Blindness 2. Low Vision 3. Deaf 4. Hard of hearing   a. Organic/ Neurological causes |
|  |  | B. Visual Impairment\* |
|  |  | C. Hearing  Impairment\* |
|  |  | D. Speech &  Language Disability |
| **2.** | **Intellectual Disability** |  | 1. Specific Learning Disabilities(Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental Aphasia 2. Autism Spectrum Disorders |
| **3.** | **Mental Behavior** |  | a. Mental illness |
| **4.** | **Disability caused due to** | a. Chronic Neurological  Conditions | 1. Multiple Sclerosis 2. Parkinsonism |
| b. Blood Disorders | i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease |
| **5.** | **Multiple Disabilities**  **including Deaf Blindness** |  | More than one of the above specified disabilities |

* **Conclusion:** He/ She is **Eligible/ Not Eligible** for admission in Medical/ Dental courses as per the MCI Gazette Notification subject to his being otherwise medically fit.
* Functional competency with the aid of **Assistive devices** in case of **Locomotor\*/ Visual\*/ Hearing\* Impairment,** if any

**Sign & Name Sign & Name Sign & Name**

**(Concerned Specialist) (Concerned Specialist) (Concerned Specialist)**