

## Annexure-I

**CERTIFICATE OF DISABILITY**

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_  
 Name of the Designated Disability Centre (as per ANNEXURE): \_\_\_\_\_

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

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) \_\_\_\_\_  
 and has Permanent Physical Impairment (PPI) with the Disability Range (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)

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.
		B. Visual Impairment	a. Blindness b. Low Vision
		C. Hearing Impairment	a. Deaf b. Hard of hearing
		D. Speech & Language Disability	a. Organic/Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis ii. 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 Ayurveda/Siddha/Unani/Homoeopathy UG courses as per the CCIM/ CCH/NCISM/NCH Gazette Notifications 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 .....  
 (Concerned Specialist)

Sign & Name .....  
 (Concerned Specialist)

Sign & Name .....  
 (Concerned Specialist)