

**MEDICAL CERTIFICATE IN RESPECT OF
PHYSICALLY HANDICAPPED CANDIDATES**

Medical Board constituted vide G.O.Ms.No. 109 Women's Development child Welfare and Labour Department, Dt. 15-6-1992 comprises the following.

1. Dr. Reg. No.
2. Dr. Reg. No.
3. Dr. Reg. No.

Certified that we have this day of Year— ————examined the applicant whose particulars are given below and that he / she falls within the above definition.

Name of the Candidate:

Father's Name:

Sex:

Photograph (attested) to show if possible

Identification Marks:

- 1.
- 2.

Visuals Defects

Nature of the Disability	Tick at relevant from the following and provide details
a) If the vision is from 6/18 and upto 6/60 and anything less than 6/60 shall be considered as an extreme handicap.	
b) Visual activity not exceeding 6/60 or 2/20 (Shellen) in the better eye with correcting lenses	
c) Limitation of the field of vision sub-tending an angle of 20 degrees or less	
II) Orthopedically Handicapped:	
a) Both the upper limbs	
b) Both the lower limbs	