

# CERTIFICATE OF DISABILITY

(For Admission to Medical/Dental Courses in All India Quota)

Vardhman Mahavir Medical College & Safdarjang Hospital, New Delhi-110029.  
All India Institute of Physically Medicine and Rehabilitation, Hazi Ali, Mumbai-400034  
Institute of Post Graduate Medical Education & Research, Kolkata-700020  
Madras Medical College, Park Town, Chennai-600003

(Select and tick-mark any one of the above)

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_

This is to certify that Dr./Mr./Ms. \_\_\_\_\_

Aged \_\_\_\_\_ Years Son/Daughter of Dr./Mr./Ms. \_\_\_\_\_

R/o \_\_\_\_\_

is suffering From \_\_\_\_\_ (Name of The Disease) and has Permanent Physical Impairment (PPI) and he/she is eligible for reservations as prescribed in Rights of Persons with Disabilities Act, 2016.

Percentage of \_\_\_\_\_ (in words) \_\_\_\_\_ (In Figure) \_\_\_\_\_.

He/She is Eligible/Not Eligible for admission in Medical/Dental Courses as per the MCI/DCI guidelines subject to his being otherwise medically fit.

Candidate Name \_\_\_\_\_

AIR Rank No. \_\_\_\_\_

Category \_\_\_\_\_

Email:- \_\_\_\_\_

Mobile No. \_\_\_\_\_

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

Sign. & Name \_\_\_\_\_  
(Specialist)

Sign. Name \_\_\_\_\_  
(Specialist)

Sign. & Name \_\_\_\_\_  
(Specialist)