

CERTIFICATE No.I

Name: Application No.

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Note : This Certificate should be issued by an Officer of Revenue Department not below the rank of a Tahsildar in the Taluk concerned.

Certificate of Nativity in Tamil Nadu

Certified that Thiru / Thirumathi Parent / Guardian * of Thiru / Selvi / Thirumathi an applicant for admission to M.E./M.Tech./M.Arch./M.Plan. Degree Programme in Tamil Nadu has / had permanent residence at in Tamil Nadu and is a Native of District in Tamil Nadu.

Signature of Village Administrative Officer	Signature	:
of	Name and Designation	:
in the Taluk	Station	:
of District.	Office Seal	:
	Date	:

* Applicable only when both parents are deceased

This Certificate should be signed by the Village Administrative Officer and by the Tahsildar in the Taluk concerned.

This Certificate should not be issued by Special Tahsildars, Deputy Tahsildars such as Loans, Land acquisition, Election, Excise and HQs. Deputy Tahsildars, Special Deputy Collectors, Asst. Commissioner of Agricultural Income, Excise, Elections etc.

The Certificate should bear the stamp of the office of the Officer signing the Certificate.

Residence Certificate / Permanent Residence Certificate will not be accepted.

CERTIFICATE No. II

Name : **Application No.**

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**Medical Certificate for Orthopaedically Differently abled Person
(TO BE ISSUED BY DISTRICT MEDICAL BOARD)**

Certified, that the District Medical Board of (City) have thisday of 2010 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. |
| 6. Whether audiologically / visually handicapped
(if yes for either one or both medical certificate / s for
fitness from the respective specialist /s to be produced) | : | |
| 7. Nature of Orthopaedic Handicap | : | |
| 8. Extent of permanent disability in percentage | : | |
| 9. Whether the Candidate fulfils the following Standards
and may be considered for admission to undergo studies
in Engineering College / Technical Institution | : | |
| (a) Normal Blood Pressure | : | Yes / No |
| (b) Mentally Normal | : | Yes / No |
| (c) Independent in ambulation with or without
calipers but without any support | : | Yes / No |
| (d) Good standing balance with or without calipers
but without any support | : | Yes / No |
| (e) Hand function within normal limits without any aid | : | Yes / No |
| (f) Good control over bowel and bladder | : | Good / Not good |
| (g) Is the disability non-progressive | : | Yes / No |
| 10. Whether eligible for consideration under Physically Challenged Quota | : | Yes / No |
| 11. Whether the candidate is physically and mentally fit to be considered
for admission in Engineering College / Technical Institution | : | Yes /No (If no please
specify reasons) |

Space for affixing recent
Passport size photograph
of the candidates duly
attested by Chairman,
District Medical Board

Signature of the Applicant

Chairman, District Medical Board

**Date with seal of
Medical Board**

Members

- 1.
- 2.

Note : Candidates with permanent Physical Impairment 40 and above are eligible for consideration under reserved quota.

CERTIFICATE No. III

Name:
Application No.

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**Medical Certificate for Hearing Impaired
(To be issued by the District Medical Board)**

Certified, that the District Medical Board of (City) have this day of 2010 examined the Candidate whose particulars are given below.

- 1. Name of the Candidate : _____
- 2. Father's Name : _____
- 3. Sex : _____
- 4. Age : _____
- 5. Identification Marks 1) _____
2) _____
- 6. Whether Orthopaedically / Visually handicapped : Yes / No
(If yes for either one or both medical certificate /s for fitness from the respective specialist /s to be produced)
- 7. Nature of hearing loss and Extent of disability : RE. LE.
a) Pure tone average db
b) Speech discrimination score
- 8. a) Whether a suitable hearing aid to be used : Yes / No
b) Is the impairment non-progressive : Yes / No
- 9. Whether eligible for consideration under physically Handicapped quota : Yes / No
- 10. Whether the candidate is physically and mentally fit to be considered for admission in engineering College / Technical institution : Yes / No (if no please specify reasons)

Space for affixing recent
Passport size
photograph of the
candidates duly attested
by District Medical
Board

Signature of the Applicant
Date with seal of
Medical Board

Chairman, District Medical Board

1.
2.

Member

Note: This Certificate should be obtained from the Chairman, District Medical Board. Candidates with hearing ability 40 db and above only in the better ear with speech discrimination score of 50% and above is eligible for consideration under reserved quota.

CERTIFICATE No. IV

Name:
No.

Application

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Medical Certificate for Visually Impaired (To be issued by the District Medical Board)

Certified, that the District Medical Board of (City) have this day of2010 examined the Candidate whose particulars are given below:

1. Name of the Candidate :
2. Father's Name :
3. Sex :
4. Age :
5. Identification Marks 1) 2).....
6. Whether Orthopaedically / audilogically handicapped : Yes / No
(If yes for either one or both medical certificate /s for fitness from the respective Board has to be produced)
7. Low vision: (Person with low vision means a person with impairment of vision of less than 6/18 to 6/60 with best correction in the better eye or impairment of field in any one of the following categories)
 - a) Reduction of fields less than 50 degree :
 - b) Heminaopia with macular involvement :
 - c) Attitudinal defect involvement lower fields :
8. Categories of Visual Disability
(Please choose the appropriate box)

Space for affixing recent
Passport size
photograph of the
candidates duly attested
by District Medical
Board

Category	Better eye	Worse eye	%age impairment	Tick (as Applicable)
Category O	6/9 – 6/18	6/24 to 6/36	20%	
Category I	6/16 – 6/36	6/20 to Nil	40%	
Category II	6/40 – 4/60 or field of vision 10° - 20°	3/60 to Nil	75%	
Category III	3/60 to 1/60 or field of vision 10°	F.C at 1 ft. to Nil	100%	
Category IV	F.C at 1 ft. to Nil or field of vision 10°	F.C at 1 ft. to Nil	100%	
One eyed persons	6/6	F.C at 1 ft. to Nil or field of vision 10°	30%	

(ONE EYED) with normal vision are not considered as Note: F.C. means Finger Count

9. Whether eligible for consideration under Physically Handicapped quota : Yes / No
10. Whether the candidate is physically and mentally fit to be considered for admission in engineering College / Technical institution : Yes / No (if no please specify)

Signature of the Applicant

Chairman, District Medical Board

Date with seal of

Medical Board

Member

1.

2.

Note: This Certificate should be obtained from the Chairman, District Medical Board. Candidates with low vision of 40% Impairment and above are considered as disabled and are eligible for consideration under reserved quota.