

ANNEXURE - III (3)

CERTIFICATE

Name of the Applicant:.....Application No.

**Medical Certificate for Visually Impaired (Blindness and Low Vision)
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified that the District Medical Board of(City) have thisday of 2022 examined the candidate whose particulars are given below.

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Age :

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

- 5. Identification Marks : 1..... 2.....
- 6. Whether Orthopedically / Audiologically Impaired : 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 50degree :
 - b) Heminaopia with macular involvement :
 - c) Attitudinal defect involvement lower fields :

8. Categories of Visual Disability (Please choose the appropriate box)

Category	Better eye	Worse eye	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 - 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 persons with normal vision are not considered as disabled Note: F.C. means Finger Count

- 9. Whether eligible for consideration under Differently Abled Persons quota : Yes /No
- 10. Whether the candidate is physically and mentally fit to be Considered for admission of Law Courses : Yes /No
(If no please specify reasons)

Signature of the Applicant:.....

Member 1
[Signature and Seal]

Member 2
[Signature and Seal]

Chairman
[Signature and Seal]

Seal of the Medical Board

*Strike out whichever is not applicable.

Note: Candidates with low vision of 40 % Impairment and above are considered as disabled and are eligible for consideration under reserved quota.