

ANNEXURE - II

MEDICAL CERTIFICATE FOR DIFFERENTLY ABLED (Locomotor disability of the lower limbs should be between 40% and 80%)

We, the members of the District Medical Board, _____ District certify that we have this _____ day of _____ 2020 examined the candidate whose particulars are given below:

1.	Name of the Candidate	:	
2.	Father's / Guardians Name	:	
3.	Sex	:	
4.	Approximate age	:	
5.	Identification marks	:	
6.	a. Orthopaedically Physically disabled	:	YES / NO
	b. Nature of Orthopaedic disability	:	
7.	Extent of permanent disability (mention the % of disability) Upper limbs must be functional and normal	:	
8.	Whether the candidate fulfills the following standard and may be considered for admission to undergo studies in Tamil Nadu Veterinary and Animal Sciences University?	:	
(a)	Normal Blood Pressure	:	YES / NO
(b)	Mentally normal	:	YES / NO
(c)	Visual and auditory disability	:	YES / NO
(d)	Gross speech disorders	:	YES / NO
(e)	Independent in ambulation with or without calipers but without support	:	YES / NO
(f)	Good standing balance with or without calipers but without any support	:	YES / NO
(g)	Hands function within normal limits without any aid	:	YES / NO
(h)	Good control over bowel and bladder	:	YES / NO
(i)	Is the Disability Progressive	:	YES / NO
9.	Whether the candidate is FIT to undergo BVSc & AH / BTech(FT) / BTech(PT) / BTech (DT) degree programme?	:	YES / NO

(The Medical Board should satisfy for all the criteria mentioned in the foot note before giving the fitness)

1. Certified that the above candidate does not have Upper limb disability
2. Certified that the extent of permanent disability of the above candidate is ___%

Signature of the applicant :

Place :

Date :

Signature of Medical Board:

Member 1

Member 2

Chairman