

For Para Medical Programmes - B.Pharm, D.Pharm, BSc(Nursing), BPT, BOT

ANNEXURE – I (a)

**A. MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY PHYSICALLY DISABLED
(To be issued by the District Medical Board)
(Locomotory disability of the lower limbs should be between 40% and 70%)**

The District Medical Board of _____ District _____ (City/Town)
certify that we have on this _____ Day of _____ 2018 examined the candidate whose par-
ticulars are given below

1. Name of the candidate :
2. Father's name :
3. Sex :
4. Age :
5. Identification marks : 1.
2.
6. a. Orthopaedically Physically Disabled : YES / NO
b. Nature of Orthopaedic Disability :
7. Extent of permanent disability
(mention the % disability)
(Upper limbs must be functional and normal) :
a) 50% to 70%
b) 40% to 50%

Recent Full size Photo-
graph of the Candidate
exhibiting the deformity
duly attested
by the Medical Certificate
Issuing Authority.

8. Whether the candidate fulfils the following standard and may be considered for admission to undergo
studies in Para Medical institutions :
 - (a) Normal Blood Pressure : Yes/No
 - (b) Mentally normal : Yes/No
 - (c) Visual and auditory disabilities : Yes/No
 - (d) Gross speech disorders : Yes /No
 - (e) Independent in ambulation with or without calipers but without any support : Yes/ No
 - (f) Good standing balance with or without calipers but without any support : Yes/No
 - (g) Hand function within normal limits without any aid : Yes/No
 - (h) Good control over bowel and bladder : Good/Not good – Yes/No
 - (i) a. Is the disability progressive? : Yes / No
b. If progressive, is the candidate eligible for further studies : Yes / No
 - (j) Height (Normal) : Yes / No
1. Certified that the above candidate does not have any upper limb disability.
2. Certified that the above candidate has only locomotory lower limb disability.

Signature of the Applicant

Members Signature

Signature of Chairman of the Medical
Board

1.

Designation :

2.

Office Stamp

Place :

Date :

Foot Note:

1. Both upper limbs, vision and hearing should be normal.
2. The above certificate should be issued only by the Medical Board of the area concerned constituted for the purpose after due physical examination by the board.
3. The Candidate seeking admission under this category should produce a **full sized photograph exhibiting the deformity.**

ANNEXURE – I (b)
CERTIFICATE OF LOCOMOTORY DISABILITY
(For Admission to Para Medical Courses)

Certificate No.....

Date.....

This is to certify that aged Years, Son/
Daughter of Thiru..... residing at
.....is suffer-
ing from..... and has permanent
Physical Impairment of Left /Right /Both Lower Limbs. He/She is Locomotory disabled and has the
percentage of.....in figure)..... (in words) disability of Lower Limbs.

Upper Limbs – Right / Left / Both are without any deformity and
Functionally Normal. He/She is **eligible / not eligible** for admission to Para Medical Courses as
per the AICTE / PCI / INC / MCI guidelines.

Note :

- 1) The candidates seeking admission under this category have to undergo a second Medical Examination by a Medical Board constituted for the purpose by the Annamalai University to ascertain and confirm the nature and extent of physical disability.
- 2) Candidates with any other disability other than the locomotory disability of the lower limb will not be considered for admission under this category.
- 3) The decision of the Annamalai University in this regard will be final.