For all applicable programmes

ANNEXURE – II Name of the Applicant :	
Certified that the District Medical Board of	
1. Name of the Candidate : 2. Father's Name : 3. Sex : 4. Age : 5. Identification Marks : 1. 2. 6. Whether Orthopaedically / Visually impaired	Space for affixing recent passport size photograph of the candidate duly attested by Chairman, District Medical Board
(If yes for either one or both medical certificate /s for be produced)	
7. Nature of hearing loss and extent of disability a) Pure tone average db	: RE. LE.
8. a) Whether a suitable hearing aid to be usedb) Is the impairment non-progressive9. Whether eligible for consideration under Differently A	: Yes / No : Yes / No
Persons quota 10. Whether the candidate is physically and mentally	: Yes / No
fit to be considered for admission Annamalai Univers	: Yes / No (if no please specify reasons)
Signature of the Applicant	Chairman, District Medical Board
Date with seal of Medical Board Member 1.	
2	

Note: Candidates with hearing ability 40 db and above only in the better ear with speech discrimination score of 50 % and above are eligible for consideration under reserved quota.