

Annexure - III

Proforma for Persons with Disabilities (PwD) Certificate

Affix here recent
Photograph showing
the disability duly
attested by CMO of
the District/Civil
Surgeon

This is to certify that I have examined Mr. / Ms. _____
Son/Daughter of _____ He / She has
_____ (name of physical disability) which comes under the
following type of disorder

1. Orthopedic disorder:
2. Vision
3. Speech and Hearing impaired

The percentage of disorder is _____percentage.

Signature of Candidate

Signature of CMO of the District / Civil Surgeon

Place:

Name

Date:

Seal

Place

Date:

Note:

1. For Persons with Disabilities (PwD) category a minimum of 40% disability is required subject to the condition that the candidate is capable of carrying out all activities related to theory and practical work related to MCA courses without any special concessions and exemptions.
2. NIMCET-2016 reserves the right to accept/reject the claim of the candidate.