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

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-2020 reserves the right to accept/reject the claim of the candidate.