

## NEET

The Board of Governors in supersession of Medical Council of India has designated Government Medical College & Hospital, Sector-32, Chandigarh as one of the centres for issuing disability certificates for 21 benchmark disabilities under the Rights of Persons with Disabilities Act, 2016 vide its Notification No.MCI-34(41)/2018-Med./170045 dated 05.02.2019.It also specified the number of specialists and their qualifications who can issue the disability certificates to the candidates appearing for UG & PG admissions.

The NEET application mentioning NEET roll number and rank is to be duly submitted along with Disability Certificate issued by authorized authority, Recent 1 Photograph, ID proof as approved by GOI.

**CERTIFICATE OF DISABILITY**

(As per Gazette Notification No. MCI-34(41)/2018-Med./170045 dated 5<sup>th</sup> February,2019 for admission to Medical Courses in ALL India Quota)

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_  
Name of the Designated Disability Centre (as per ANNEXURE):  
\_\_\_\_\_

Recent Passport  
Size Photograph  
of the candidate  
duly attested by  
the issuing  
authority

This to certify that Dr./Mr./Ms. \_\_\_\_\_

Aged \_\_\_\_\_ Years Son/Daughter of Mr. \_\_\_\_\_

R/o \_\_\_\_\_

NEET Roll No. \_\_\_\_\_, Rank No. \_\_\_\_\_, has the following

Disability (Name of the Specified disability) \_\_\_\_\_

And has Permanent Physical Impairment (PPI) with the Disability Range ( in percentage)

Of \_\_\_\_\_ ( in words) \_\_\_\_\_ ( in Figures).

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Please tick on the “specified Disability”

(Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section 3 Sub-section (ii), Ministry of Social Justice and Empowerment)

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability B. Visual Impairment C. Hearing Impairment D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. Other such as Amputation, Poliomyelitis a. Blindness b. Low Vision a. Deaf b. Hard of Hearing a. Organic/ Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia, & Development Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions b. Blood Disorders	I. Multiple Sclerosis II. Parkinsonism i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5.	Multiple Disabilities including Deaf Blindness		More than one of the above specified disabilities

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Conclusion: He/She os **Eligible/Not Eligible** for admission in Medical/Dental courses as per the MCI/DCI Guidelines subject to his being otherwise medically fit.

He/She as **Eligible/Not Eligible** for reservation under PwD Quota

Sign & Name \_\_\_\_\_  
( Concerned Specialist)

Sign & Name \_\_\_\_\_  
( Concerned Specialist)

Sign & Name \_\_\_\_\_  
( Concerned Specialist)

### Undertaking

I, \_\_\_\_\_ age \_\_\_\_ S/o D/o \_\_\_\_\_

Resident of \_\_\_\_\_

(full address to be given) do hereby undertake take:

1. That I am a citizen of India.
2. That I am being assessed for physical disability for the purpose of UG/PG Counselling 2021.
3. That I have not applied at any other designated MCI centres for disability assessment.
4. That I am aware of the fact that eligibility for the medical course will be assessed by the college concerned on the basis of latest MCI guidelines for the same.
5. I hereby declare that the above submitted information is correct as per my understanding and nothing has been concealed herein. I am well versed with the facts that I would be liable to face any punishment prescribed by law in case my above information is found to be false and the benefits granted to me (the applicant) will be withdrawn.

Signature of the candidate

Name of the candidate \_\_\_\_\_