

परिशिष्ट-7**CERTIFICATE OF DISABILITY FOR ADMISSION IN MEDICAL / ENGINEERING / AYUSH /
AGRICULTURE COURSES**(As per Gazette Notification No.-MCI-18(1)/2018-Mes./187262 dated 5th Feb 2019/
14th May 2019 for Admission to Medical Courses in Bihar State Quota)Same photo as
given in Online
Application Form
duly attested by the
issuing authority**Certificate No.:** **Dated:****Name of the Designated Centre :**

This is to certify that Dr. / Mr. / Ms.

Aged: years Son / Daughter of Mr.

Residential Address :

UGMAC 2025 id: State DQ Rank

NEET(UG)-2025 AIR:has the following disability (name of the specified disability)
..... in (percentage) of (in words)

....., (In figure).

*** Please tick on the "Specified Disability"****[Assessment to be done in accordance with the Gazette Notification no.-E-162 dated 14.05.2019]**

SN.	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, pollomyelitis 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, Dysgraphia, 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. Parkinson's disease i. Hemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5.	Multiple Disability including Deaf Blindness		More than one of the above-specified disabilities

*** Conclusion:** He / She is **Eligible / Not Eligible** for admission in Medical / Dental Courses as per the aforesaid Gazette Notification(s) subject to his being otherwise medically fit.

Functional competency with the aid of Assistive devices in case of Locomotor* / Visual* / Hearing* Impairment, if any

.....

Sign. & Name
(Concerned Specialist)**Sign. & Name**
(Concerned Specialist)**Sign. & Name**
(Concerned Specialist)**(Signature of Principal)****Name :****Name of Institution**