
Pro forma – F

(To be issued on the Printed Letter Head of the concerned office)

(For **P1/ P2/ P3** Candidates)

(For Physically Handicapped Candidates)

Photograph of
the candidate
showing the
Physical
disability

CERTIFICATE

This is to certify that I have examined Mr. / Miss
..... on He / She has(Name of the Physical
Disability) which comes under the sub category Blindness (**P1**)/Speech & Hearing
impaired(**P2**)/Orthopedic disorder (**P3**)

Certified that:

1. The percentage of handicap is not less than 40% and is equal to%.
2. The disability is permanent in nature.
3. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/her admission to Direct Second Year of Four Year Degree course in Engineering/Technology for the academic year 2011-12.

Outward No. & Date:

Place :

(Name & Signature)

Director, All India Institute of Physically Handicapped, Mumbai

Or

Dean/Civil Surgeon of Government Hospital

(Name of the issuing Authority)

Seal of the Office

Proforma-F-1

(To be issued on the Printed Letter Head of the concerned office)

(For Physically Handicapped Candidates)

P3 (Learning Disability) Candidates

LEARNING DISABILITY CLINIC
L.T.M.G. HOSPITAL, SION, MUMBAI-400 022.

CERTIFICATE

Photograph of the
candidate

Name :
Age :
Date of Birth :
Date of Registration : L.D.No.
Father's Name :
Std. : School Name :

Physical & Neurologic Assessment Date :

Psychologic Assessment Date :

WISC (R) Verbal IQ :
Performance IQ :
Global IQ :
Interpretation :

Educational Assessment Date:

WRAT: R
S
A

Certified that:

1. The percentage of handicap is not less than 40% and is equal to%.
2. The disability is permanent in nature.
3. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/her to Direct Second Year of Four Year Degree course in Engineering/Technology for the academic year 2011-12.

Recommendations:

(Name and Signature of Issuing Authority)

Outward No. & Date:

Seal of the Office