

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 5th February, 2019 for admission to Medical Courses in ALL India Quota)

Certificate No. _____ Dated _____

Name of the Designated Disability Centre (as per ANNEXURE):

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

Aged _____ Years Son/Daughter of Mr. _____

R/o _____

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

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).

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

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

Sign & Name _____
(Concerned Specialist)

Sign & Name _____
(Concerned Specialist)

Sign & Name _____
(Concerned Specialist)