

Annexure III

Proforma for Physically Challenged (PH) Certificate

CENTRAL COUNSELLING BOARD – 2009

AIEEE – 2009

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

Date

Place

Signature of CMO of the District / Civil Surgeon

Name

Seal

Place:

Date:

Note:

1. For physically challenged 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 as applicable to B.E. / B.Tech / B. Arch. courses without any special concessions and exemptions..
2. Certificate issued on or after January 1, 2009 will only be accepted.
3. Medical board of CCB will examine the candidate to verify the claim of handicap at the Counselling Centre.
4. CCB reserves the right to accept/reject the claim of the candidate.