



NATIONAL INSTITUTE OF TECHNICAL EDUCATION & RESEARCH

CERTIFICATE OF PHYSICALLY HANDICAPPED CANDIDATE

Dispatch No. _____

Dated _____

TO BE ISSUED BY MEDICAL AUTHORITY OF A GOVERNMENT HOSPITAL

1. Name of the candidate _____
2. Father's Name _____
3. Permanent Address _____

4. Percentage of loss of earning capacity in words _____
5. Whether the candidate is otherwise able to carry on studies and perform duties ____

6. Name of the disease/cause of handicap _____
7. Whether handicap is temporary or permanent _____
8. Whether handicap is progressive or non-progressive _____

Name of the Certifying Officer

Signature of authorized Medical Officer

(Legible Office Stamp)

Designation _____