

CERTIFICATE OF LOCOMOTOR DISABILITY

(For Admission to Medical/Dental Courses in All India Quota)

Vardhman Mahavir Medical College & Safdarjang Hospital, New Delhi-110029.
All India Institute of Physically Medicine and Rehabilitation, Hazi Ali, Mumbai-400034
Institute of Post Graduate Medical Education & Research, Kolkata-700020
Madras Medical College, Park Town, Chennai-600003

(Select and tick-mark any one of the above)

Certificate No. _____ Dated _____

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

Aged _____ Years Son/Daughter of Dr./Mr./Ms. _____

R/o _____

is suffering From _____ (Name of The Disease) and has Permanent Physical Impairment (PPI) of Left/Right/Both Lower Limb. He/She is Locomotor disabled and has the percentage of _____ (in words) _____ (In Figure) of (40% - 70%) disability of Lower limbs.

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.

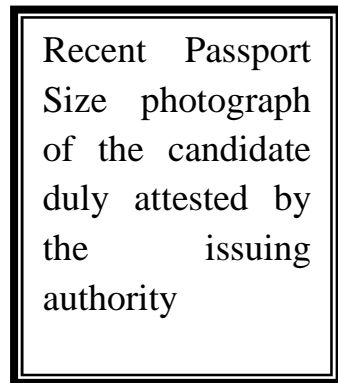
Candidate Name _____

AIR Rank No. _____

Category _____

Email:- _____

Mobile No. _____



Sign. & Name _____

(Specialist, Deptt. PMR)

Sign. Name _____

(Specialist, Deptt. Ortho.)

Sign. & Name _____

(Specialist, Deptt. PMR/Ortho.)