

7. Whether Physically Handicapped:

Yes/No (If **Yes** specify the defect and the extent of disability)

- i. Vision
- ii. Speech
- iii. Hearing
- iv. Limbs

8. **OPINION** : with the above clinical details
Please specify

Whether the candidate is physically eligible to be considered for admission in Engineering Colleges / Technical Institutions

Yes/No (If **No** specify the reasons)

Signature of the Candidate

Signature of Regd. Medical Practitioner

Place :

Register No. :

Date :

Full Address: