



Hemwati Nandan Bahuguna Uttarakhand Medical Education University

New Central Hope Town, Bhayakhala, Seshambara, Dehradun

Pin-248011, Uttarakhand, India

web site:-www.hnbumu.ac.in

Important Notice for Disability Certificate

It is hereby notified that only Disability Certificates issued by the designated centers authorized by the National Medical Commission (NMC) shall be accepted for admission under the Persons with Disabilities (PwD) category.

All M.B.B.S and B.D.S candidates applying for NEET UG 2025 Uttarakhand State Centrised Counselling are advised to ensure that their certificates are obtained strictly from the NMC-designated centers as per the prevailing guidelines.

Notice uploaded on 29-07-2025

Member Secretary

NEET UG 2025

UK State Centralised Counsling Board



List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses

S/No.	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability.
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- GonitometerAdult. Plumb Line, HandDynamometer, Laser

9.	Govt. Medical College and Hospital, Sector32	Chandigarh	All Disabilities as mentioned in Disability Certificate
10.	Govt. Medical College, Agartala, State Disability Board	Agartala/Tripura	All Disabilities as mentioned in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University,	Varanasi/ Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13.	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT For Visual Disability: Candidates who use LVAs may bring their own LVAs which can be checked.
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH), Mysuru	Mysuru, Karnataka	For Speech & Hearing Disabilities only

Assessment Form

(General)

(To be filled by medical boards for all the applicants under PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

Type of Disability:

- ☐ Hearing: _____
- ☐ Visual: _____
- ☐ Locomotor: _____
- ☐ SLD/ASD/ Mental Illness: _____
- ☐ Others: _____ (Please specify)

The condition causing this disability is diagnosed as:

The candidate is using/not using any assistive device/artificial limb,etc..:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No.	Competency Area	Description	Yes/No
1	Communication	Can communicate clearly and empathetically with people using assistive devices.	
2	Hearing	Can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants	
3	Dominant Hand Functionality	Can write and hold instruments using a dominant or aided hand.	
4	Understanding/Communication	Can follow and comprehend medical terminology and maintain social interaction.	
5	Vision	• Vision improves to the percentage lower than 40%	

		<ul style="list-style-type: none"> • Can perform with the help of Low vision Aid 	
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Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

Date: _____

Place: _____

Assessment Form (Hearing Impairment)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as:

Hearing Loss in:

- ☐ Right Ear []
- ☐ Left Ear []
- ☐ Both Ears []
- ☐ Neither []

The candidate is using/not using any assistive device/artificial device,etc..:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl.No.	Functional Ability regarding following Activities declared	Yes/No
1	Communicate effectively using the above-mentioned assistive devices.	
2	Engage in a conversation in a quiet and noisy environment.	
3	Understand and respond to verbal instructions.	
4	Carry out phone conversations.	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

Date: _____

Place: _____

Assessment Form (Locomotor Disability - Upper Extremity: Coordinated Activity)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as :

The candidate is using/not using any assistive device/artificial limb,etc..:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No.	Functional Ability regarding following Activities declared	Yes/No
1	Can lift overhead objects and place them at the same place?	
2	Can touch the tip of the nose with the tip of a finger?	
3	Can eat by themselves?	
4	Can groom, comb, and plate by themselves?	
5	Can put on a shirt/kurta/upper garment on their own?	
6	Can clean themselves after toileting (Act of Ablution)?	
7	Can drink water holding a glass/tumbler?	
8	Can button/unbutton their clothes?	
9	Can put on trousers/pant/lower garment/Tie Nara, Dhoti, using the Zip as the case may be?	
10	Can hold a Pen/Pencil and write?	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

Date: _____

Place: _____

Assessment Form (Locomotor Disability - Lower Extremity: Stability Components)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

The candidate is using/not using any assistive device/artificial limb,etc.:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No.	Functional Ability regarding following Activities declared	Yes/No
1	Can bear weight and stand on both legs?	
2	Can bear weight and stand on the affected leg?	
3	Can walk on plain surfaces?	
4	Can sit on a chair by themselves?	
5	Can climb up stairs on their own?	
6	Can go downstairs by themselves?	
7	Can take turns to the right and left side?	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

Date: _____

Place: _____

Assessment Form

**(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM
SPECTRUM DISORDER)**

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

The candidate is using/not using any assistive device/artificial limb,etc..:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No.	Functional Ability regarding following Activities declared	Yes/No
1	Can communicate clearly and empathetically with people	
2	Can listen and respond to speech in both quiet and noisy environments	
3	Can follow instructions, comprehend required medical terminology, and maintain social Interaction	
4	Can understand and respond to verbal instructions and can carry out phone conversations.	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

Date: _____

Place: _____

Assessment Form (VISUAL IMPAIRMENT)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

The candidate is using/not using any assistive device/artificial limb,etc..:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No	Functional Ability regarding following Activities declared	Yes/No
1	Best corrected visual acuity improves such that the visual disability becomes less than 40% .	
2	The field of vision is > 40 degree in the eye which is using the LVA	
3	The LVA is hands free and suitable for everyday use	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

Date: _____

Place: _____

दूरभाष/Phone : 25367033, 25367035, 25367036
फेक्स/Fax : 0091-11-25367024

पॉकेट -14, सेक्टर-8, द्वारका, फेस-1,
नईदिल्ली-77

Pocket- 14, Sector- 8, Dwarka,
Phase – 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission

No. NMC/UGMEB/PwBD/2025

Dated: 18.07.2025

To

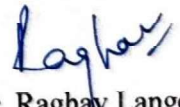
Dr. B. Srinivas,
Deputy Director General (Medical Education),
Medical Counselling Committee,
Directorate General of Health Services (DGHS),
Ministry of Health and Family Welfare,
Government of India,
New Delhi.

Reference: NMC's D.O. No. NMC/UGMEB/PwBD/2025 dated 09.07.2025.

Subject: Interim Guidelines on assessment method for granting admission in MBBS Course for PwBD Candidates for A.Y. 2025-26.

Sir,

This has reference to the previous communication of NMC vide D.O. No. NMC/UGMEB/PwBD/2025 dated 09.07.2025 regarding compliance with the directions passed by the Hon'ble Supreme Court of India vide Judgment dated 25.10.2024 in SLP (C) No. 21942 of 2024 titled as Om Rathod vs. Union of India & Ors. and connected matters. Kindly find enclosed herewith the interim guidelines as approved by the Chairman, NMC for admission to PwBD in MBBS Course for Academic Year 2025-26.


(Dr. Raghu Langer),
Secretary

Copy to:

1. Additional Secretary, (Medical Education), MoHFW, Nirman Bhawan, New Delhi-110001.
2. PPS to Chairman, NMC

INTERIM GUIDELINES ON ASSESSMENT METHOD FOR GRANTING ADMISSION IN MBBS COURSE TO PwBD CANDIDATES FOR AY 2025-26

PREAMBLE:

In pursuit of equitable and inclusive medical education, the National Medical Commission (NMC) remains steadfast in its commitment to ensuring fair access to medical courses for all eligible candidates, including Persons with Disabilities (PwD). In alignment with the provisions of the Rights of Persons with Disabilities Act, 2016, and the Graduate Medical Education Regulations, this interim report outlines the foundational framework and preparatory measures for facilitating the admission of PwBD candidates in MBBS Course.

This report serves as a step towards strengthening existing mechanisms, identifying challenges, and proposing recommendations for creating an enabling environment that upholds the principles of dignity, non-discrimination, and equal opportunity. It focuses on key aspects such as assessment of disability, eligibility criteria, reasonable accommodations, accessibility standards, and institutional readiness.

The NMC acknowledges the valuable contribution of a diverse medical workforce and envisions a system where every aspiring student, irrespective of physical or cognitive ability, is empowered to pursue a career in medicine and serve society with competence and compassion.

1. Introduction

In alignment with the **Rights of Persons with Disabilities (RPwD) Act, 2016**, and subsequent notifications, particularly the directive issued by the **Ministry of Social Justice and Empowerment (MoSJE)** on **12.03.2024**, which underscores the principles of inclusive education and reasonable accommodation, and the landmark judgment of the **Hon'ble Supreme Court dated 25.10.2024** in *Om Rathod vs Union of India & Others* (SLP (C) No. 21942 of 2024), a significant shift has been initiated in the national approach toward disability inclusion in higher education.

2. Functional Competency Approach

These legal and policy developments collectively emphasize the prioritization of **functional competency** over rigid **percentage-based disability thresholds**. In response, the **National Medical Commission (NMC)** has undertaken proactive measures to ease challenges faced by PwBD candidates, ensuring a fair and inclusive medical education environment. This includes facilitating reasonable accommodations, revisiting eligibility norms, and adopting evaluation criteria focused on individual capabilities.

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3. Deliberations and Guideline Development

Extensive deliberations were held in various meetings of the NMC, engaging a committee of medical experts. A consensus emerged to develop a **comprehensive guideline** focused on functional ability and reasonable accommodation to enable the fair inclusion of PwBD candidates in the **MBBS program**, without subjecting them to undue hardship or exclusion.

This initiative is aimed at reinforcing existing systems, identifying practical challenges, and formulating evidence-based recommendations to build an enabling environment grounded in the principles of dignity, non-discrimination, and equal opportunity. It will focus on critical areas including disability assessment, eligibility criteria, and provision of reasonable accommodations, accessibility standards, and institutional preparedness

4. Interim Admission Approach for AY 2025-26

Defining essential competencies for each type of disability involves a very complex process which is multi-dimensional & dynamic. Assistive devices & medical technologies are also rapidly advancing & evolving. Striking a balance between inclusion and the imperatives of patient safety and clinical competence in medical education and practice is of paramount importance.

Pertinent to mention that Post Graduate medical courses shall require specialty specific deliberations, as the required competencies and skills may vary over a wider range and therefore additional consultations with medical experts/ beneficiaries/ stakeholders are needed.

In view of aforesaid facts, final guidelines after following all procedural aspects and further consultations, shall be notified & implemented from subsequent Academic Years. However, the admission process for PwBD candidates for **AY 2025-26** must continue uninterrupted. Accordingly, **the group of medical experts under the committee duly constituted by NMC** (under the chairmanship of **Dr. Achal Gulati**), have unanimously reached to a conclusion to adopt **interim guidelines** for admissions in AY 2025-26.

5. Functional Assessment of Disabilities

The previously mandated arithmetic **threshold** shall be no longer applicable. Instead, emphasis will be placed on assessing a candidate's **functional ability** to meet the academic and clinical demands of the MBBS course.

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6. Mandatory Use of UDID Portal

As per **Gazette Notification S.O. 1736(E) dated 05.05.2021**, issued by the **Department of Empowerment of Persons with Disabilities (DEPwD)**, all disability certificates and UDID cards must be issued via the **UDID online portal**, effective **June 1, 2021**.

Accordingly, the UDID card has been established as a mandatory document for persons with disabilities. In this context, it may be regarded as an essential and authoritative proof for evaluating the eligibility of meritorious NEET UG candidates under the disability category..

7. Evaluation Framework Based on MoSJE Guidelines

Further in view of the paramount importance of patient safety and clinical competence, the assessment of candidates with disabilities may be conducted in accordance with the recently notified guidelines dated 12.03.2024 issued by the Ministry of Social Justice and Empowerment (MoSJE). These guidelines provide a structured and uniform framework to ensure that the evaluation of disability is both comprehensive and consistent with the responsibilities inherent to medical practice.

8. Institutional Responsibilities under the RPwD Act

The medical colleges as per the recommendations prescribed under RPwD Act, 2016, shall make maximum efforts in accommodating and facilitating the candidates with disabilities:

- ***Non-Discrimination in Admission and Education (Section 16):***

Institutions must ensure that no student with a disability is denied admission on the grounds of disability and must provide an inclusive education system at all levels.

- ***Infrastructure Accessibility (Section 45):***

Institutions must ensure barrier-free access to buildings, classrooms, libraries, laboratories, hostels, and other facilities as per the standards notified by the Government of India.

- ***Sensitization and Capacity Building:***

Colleges are encouraged to conduct awareness and sensitization programs for faculty, staff, and students to promote an inclusive environment and reduce attitudinal barriers.

- ***Nodal Officer for Disability Affairs:***

Institutions are advised to appoint a dedicated Nodal Officer or establish a Disability Cell to address the concerns and support needs of students with disabilities.

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- **Grievance Redressal Mechanism:**

An accessible and responsive grievance redressal system must be in place to address complaints related to discrimination or lack of accommodation.

9. Decision Taken

The expert panel **unanimously agreed** on the following for MBBS admissions under the PwBD category for **AY 2025-26**:

- PwBD candidates must submit:
 - A **valid UDID card** issued by a designated medical authority under MoSJE.
 - **Self-Certified affidavits** in the format provided under **Schedule -I**.
 - **The candidate will have to approach the designated medical board for verification of their self-certified affidavit.**
- Designated Medical Boards (16 designated medical boards) are required to undertake following duties:
 - The competencies mentioned in the appendix under Schedule-I are basic & mandatory. The candidates, to the satisfaction of the designated medical board, may demonstrate the competencies that have been declared by him/her. If the board finds the declared competencies unsubstantiated based on the candidate's performance, it must issue a reasoned decision declaring him/her ineligible to pursue medical course.
 - If the candidate while self-declaring the essential competencies mentions one or more competencies in negative or is not able to demonstrate one or more of the listed essential competencies, the board shall see if he/she is able to compensate such deficits, by other alternative functionalities; and may take a holistic view regarding his capability to pursue MBBS course.
 - The designated medical boards may utilize standardized tests and tools to evaluate the abilities of the candidates, as per their declaration, instead of focusing on the disabilities.
 - All decisions of the designated medical board(s) shall be in the form speaking orders.

Admissions will be processed by the **counseling authority**, based on **NEET 2025 scores**, institutional preferences, and verification of required documents by the concerned designated medical board(s). Medical colleges will provide accommodations accordingly.

Loghar
18/07/25

SCHEDULE-I

APPENDIX- A	SELF CERTIFICATION FORM- GENERAL
APPENDIX- B	AFFIDAVIT FOR DECLARING THE HEARING IMPAIRMENT
APPENDIX –C	AFFIDAVIT FOR DECLARING THE LOCOMOTOR DISABILITY (UPPER LIMB EXTREMITY)
APPENDIX-D	AFFIDAVIT FOR DECLARING THE LOCOMOTOR DIABILITY (LOWER LIMB EXTREMITY)
APPENDIX-E	AFFIDAVIT FOR DECLARATION BY A PERSON WITH MENTAL ILLNESS/ SLD/ ASD
APPENDIX-F	AFFIDAVIT FOR DECLARATION BY A PERSON WITH VISUAL DISABILITY

APPENDIX-A

Self-Certification Affidavit

(To be filled by all applicants applying under PwBD Category)

Name of Candidate: _____

NEET Roll No.: _____

NEET Score: _____

UDID No.: _____

Disability Type:

- ☐ Locomotor
- ☐ Hearing
- ☐ Visual
- ☐ Cognitive/SLD/
- ☐ *Others : _____ (Please specify)

Disability Percentage as per [UDID card]: _____ %

Assistive Devices Used (If any): _____

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓/ ✕)
A. Communication	<ul style="list-style-type: none">I can communicate clearly and empathetically with people using assistive devices.	
B. Hearing	<ul style="list-style-type: none">I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants.I undertake to fulfill the eligibility criteria set under Form Appendix -B	
C.Dominant Hand Functionality	<ul style="list-style-type: none">I can write and hold instruments using my dominant or aided hand.	

	<ul style="list-style-type: none"> • I undertake to fulfill the eligibility criteria set under Appendix –C and D 	
D.Understanding/Communication	<ul style="list-style-type: none"> • I can follow and comprehend medical terminology and maintain social interaction. • I undertake to fulfill the eligibility set under Form Appendix -E 	
E. Vision	<ul style="list-style-type: none"> • My vision improves to the percentage lower than 40% • I can perform with the help of Low vision Aid • I undertake to fulfill the eligibility criteria set under Form Appendix -F 	

2. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
3. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:_____

Date:

Place:

Notarized by:

***Note: Persons with benchmark disabilities other than Locomotor/Visual/Hearing/SLD/ASD/Mental Illness will have to submit the self-certified affidavit at Appendix-A only (eg.: Blood disorders - Haemophilia, Thalassemia and Sickle cell disease Chronic Neurological Conditions etc.)**

APPENDIX-B

AFFIDAVIT

(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

I have hearing loss in:

☐ Right Ear

☐ Left Ear

☐ Both Ears

☐ Neither

2. I use:

☐ Prescribed Hearing Aid

☐ Cochlear Implant

☐ None

3. I declare as under:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓/ ✕)
1.	Communicate effectively using the above-mentioned assistive devices.	
2.	Engage in a conversation in a quiet and noisy environment.	
3.	Understand and respond to verbal instructions.	
4.	Carry out phone conversations.	

4. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

5. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

APPENDIX-C

AFFIDAVIT

(LOCOMOTOR DISABILITY)
{UPPER EXTREMITY- COORDINATED ACTIVITY}

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my functional ability in performing the basic Coordinated Activities as below:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓/ X)
1.	Can you lift overhead objects and place them at the same place?	
2.	Can you touch tip of the nose with the tip of a finger?	
3.	Can you eat by yourself?	
4.	Can you groom, comb and plate by yourself?	
5.	Can you put on a shirt/kurta/upper garment on your own?	
6.	Can you clean yourself after toileting (Act of Ablution)?	
7.	Can you Drink water holding a Glass/tumbler?	
8.	Can you button/unbutton your clothes?	
9.	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti, using the Zip as the case may be?	
10.	Can you hold a Pen/Pencil and write?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

APPENDIX-D

AFFIDAVIT

(LOCOMOTOR DISABILITY)
{LOWER EXTREMITY- STABILITY COMPONENTS}

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my ability to perform the following functions as below:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓/ ✕)
1.	Can you bear weight and stand on both legs?	
2.	Can you bear weight and stand on your affected leg?	
3.	Can you walk on plain surfaces?	
4.	Can you sit on a chair by yourself?	
5.	Can you climb up stairs on your own?	
6.	Can you go downstairs on your own?	
7.	Can you take turn to the right and left side?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

APPENDIX-E

AFFIDAVIT

(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my ability to perform the following functions as below:

SL. NO.	Description	Candidate Declaration (✓ ✗)
1.	I can communicate clearly and empathetically with people	
2.	I can listen and respond to speech in both quiet and noisy environments.	
3.	I can follow instructions, comprehend required medical terminology, and maintain social interaction	
4.	I can understand and respond to verbal instructions and can carry out phone conversations.	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

APPENDIX-F

AFFIDAVIT

(VISUAL IMPAIRMENT)

I, _____ aged, _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

1. I have Visual Impairment in:

- ☐ Left Eye
- ☐ Right Eye
- ☐ Both Eye
- ☐ Neither

2. I am using Low Vision Aid(s) _____.

3. With the use of Low Vision Aid, I declare the fulfillment of following criteria:

SL. NO.	ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID	Candidate Declaration (✓/ X)
1.	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2.	The field of vision is > 40 degree in the eye which is using the LVA	
3.	The LVA is hands free and suitable for everyday use	

4. I hereby affirm that I can perform with the use of Low Vision Aid.

5. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date:

Place:

Notarized by:

