Physical verification of PwD Candidates

Name of Institute conducting the Physical Verification:

Date of Physical Verification:

To be filled by the candidate

1. Name of the Candidate (in BLOCK Letters):

2. Father's Name :

3. Date of Birth (in DD/MM/YYYY format):

4. Gender (Male/Female/Transgender):

To be filled by the medical verifying officer(s)

5. Which Physical Disability certificate submitted:
(Type of Physical Disability)

6. Is Candidate Dyslexic:
(Please ' √ ' the appropriate and write ' X ' whichever inappropriate)

YES	NO

7. Based on the document(s) submitted by the above mentioned candidate and his(er) physical verification

☐ The candidate is RECOMMENDED in PwD Category.

☐ The candidate is **NOT RECOMMENDED** in PwD Category.

(Please ' √ ' the appropriate, and write '**NA**' otherwise)

Reason(s) for NOT RECOMMENDING (Please strike-out, if not applicable and use extra sheet(s) if required)

(Signature with date)
Medical Officer - I
Name:_____

Designation: _____

Date:_____

(Signature with date)
Medical Officer - II
Name:_____

Designation: _____

Date:_____

(Signature with date)
Medical Officer – III
Name:_____

Designation: _____

Date:_____

Seal/Stamp of Verifying Institute