

Physical verification of PwD Candidates [JoSAA 2022]

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. JEE (Main) – 2022 Application number:

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
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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