

# ANNEXURE I

## (A) SUITABILITY CERTIFICATE FOR PHYSICALLY DISABLED (LOCOMOTOR) CANDIDATE FOR ADMISSION TO M.TECH PROGRAMME IN I I T MADRAS

1. Full name of Candidate :
2. Registration No. :
3. (a) Nature of disability :

*(POLIO, CEREBRAL PALSY, HEMIPLEGIA, QUADRIPLEGIA, AMPUTATIONS, OTHER CONGENITAL AND ACQUIRED DEFORMITY)*

- (b) Onset of disability :

*(State whether from birth or acquired later; if it has been later, indicate the age and the cause of disability)*

(c) Assessment of disability *(tick relevant from the following)*

- |   |                      |                          |
|---|----------------------|--------------------------|
| i. BL-Both legs affected but not arms                     |                      | <input type="checkbox"/> |
| ii. BA-Both arms affected                                 | (a) Impaired reach   | <input type="checkbox"/> |
|   | (b) Weakness of grip | <input type="checkbox"/> |
| iii. BLA-Both legs and both arms affected                 |                      | <input type="checkbox"/> |
| iv. OL-One leg affected (right or left)                   | (a) Impaired reach   | <input type="checkbox"/> |
|   | (a) Weakness of grip | <input type="checkbox"/> |
|   | (b) Ataxic           | <input type="checkbox"/> |
| v. OA-One arm affected (right or left)                    | (a) Impaired reach   | <input type="checkbox"/> |
|   | (b) Weakness of grip | <input type="checkbox"/> |
|   | (c) Ataxic           | <input type="checkbox"/> |
| vi. BH-Stiff back and hips (cannot sit or stoop)          |                      | <input type="checkbox"/> |
| vii.MW-Muscular weakness and limited physically endurance |                      | <input type="checkbox"/> |

(d) This condition is: *(tick on the appropriate condition)*

i. **Progressive**  / **non-progressive**  / **likely to improve**  / **not likely to improve**

ii. Re-assessment of this case is not recommended / is recommended after a period of  
..... Year(s) ..... Month(s).

4. (a) Use of Appliance / Devices / Supports (*give details*):

(b) Any operation done or indicated :

(c) Any other particulars to clarify the nature and extent of disability that need to be pointed out.

5. Ability to perform independently the following with or without appliance but without helper support

- |       |   |          |
|-------|---|----------|
| i.    | F-can perform work by manipulating with fingers | Yes / No |
| ii.   | PP-can perform work by pulling and pushing      | Yes / No |
| iii.  | L-can perform work by lifting                   | Yes / No |
| iv.   | KC-can perform work by kneeling and crouching   | Yes / No |
| v.    | B-can perform work by bending                   | Yes / No |
| vi.   | S-can perform work by sitting                   | Yes / No |
| vii.  | ST-can perform work by standing                 | Yes / No |
| viii. | W-can perform work by walking                   | Yes / No |
| ix.   | SE-can perform work by seeing                   | Yes / No |
| x.    | H-can perform work by hearing/speaking          | Yes / No |
| xi.   | RW-can perform work by reading and writing      | Yes / No |
- (If NO in ix, x, xi, please attach audiogram / visual acuity status)*

6. Extent of disability with appliance:

*(MILD / MODERATE / SEVERE / TOTAL DISABILITY)*

7. With the disability stated in 5 & 6, whether the candidate is suitable to undergo higher education with tight academic schedule and will be able to discharge his/her duties.

*(state YES or NO in box)*

Candidate Signature

Place:

Date:

**SIGNATURE AND SEAL OF THE ORTHOPAEDIC  
CIVIL SURGEON OF GOVERNMENT HOSPITAL**

## ANNEXURE I

### B. SUITABILITY CERTIFICATE FOR PHYSICALLY DISABLED (HEARING) CANDIDATE FOR ADMISSION TO M.TECH PROGRAMME IN I I T MADRAS

1. Full name of candidate :
2. O.P.D. Case No. :
3. (a) Nature of disability :
- (b) Onset of disability :

*(State whether from birth or acquired later; if it has been later, indicate the age and the cause of disability)*

(c) Assessment of disability *(use the latest reports for assessment)*

	Otoscopy	Hearing loss Audiogram (PTA)		Type of loss Sensory / Conductive / Mixed
		Without Aid	With aid	
Right Ear				
Left Ear				

(d) This condition is: *(tick on the appropriate condition)*

- i. **Progressive**  / **non-progressive**  / **likely to improve**  / **not likely to improve**
- ii. Re-assessment of this case is not recommended / is recommended after a period of  
 ..... Year(s) ..... Month(s).

4. (a) Use of corrective aids *(give details)*:  
 (b) Any operation done or indicated:  
 (c) Any other particulars to clarify the nature and extent of disability that need to be pointed out.
5. Ability to perform independently with or without corrective aids, but without helper support.
- |   |          |
|---|----------|
| (a) F-can perform work by manipulating with fingers | Yes / No |
| (b) W-can perform work by walking                   | Yes / No |
| (c) SE-can perform work by seeing                   | Yes / No |
| (d) H-can perform work by hearing/speaking          | Yes / No |
| (e) RW-can perform work by reading and writing      | Yes / No |
6. Extent of disability with corrective aid *(to be mentioned in box)*  
**(MILD / MODERATE / SEVERE / PROFOUND / TOTAL)**
7. With the disability stated in 5 & 6, whether the candidate is suitable to undergo higher education with tight academic schedule and will be able to discharge his/her duties.  
*(state YES or NO in box)*

Candidate Signature

Place:  
Date:

**SIGNATURE AND SEAL OF THE ENT  
CIVIL SURGEON OF GOVERNMENT HOSPITAL**

## ANNEXURE I

### C. SUITABILITY CERTIFICATE FOR PHYSICALLY DISABLED (VISUAL) CANDIDATE FOR ADMISSION TO M.TECH PROGRAMME IN I I T MADRAS

1. Full name of candidate :

2. O.P.D. Case No. :

3. (a) Nature of disability :

(b) Onset of disability :  
*(State whether from birth or acquired later; if it has been later, indicate the age and the cause of disability)*

(c) Assessment of disability *(use the latest reports for assessment)*

	Fundus/Field of Vision	V.A Far Vision		V.A-Near Vision		Colour Vision
		Naked eye	With glasses	Naked eye	With glasses	
Right Eye						
Left Eye						

(d) This condition is: *(tick on the appropriate condition)*

i. **Progressive**  / **non-progressive**  / **likely to improve**  / **not likely to improve**

ii. Re-assessment of this case is not recommended / is recommended after a period of  
 ..... Year(s) ..... Month(s).

4. (a) Use of corrective aids *(give details)*.

(b) Any operation done or indicated.

(c) Any other particulars to clarify the nature and extent of disability that need to be pointed out.

5. Ability to perform independently with or without appliances, but without helper support

(a) F-can perform work by manipulating with fingers Yes / No

(b) SE-can perform work by seeing Yes / No

(c) H-can perform work by hearing/speaking Yes / No

(d) RW-can perform work by reading and writing Yes / No

6. Extent of disability with corrective aid *(to be mentioned in box)*  
*(MILD / MODERATE / SEVERE / PROFOUND / TOTAL)*

7. With the disability stated in 5 & 6, whether the candidate is suitable to undergo higher education with tight academic schedule and will be able to discharge his/her duties.  
*(state YES or NO in box)*

Candidate Signature

Place:

Date:

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 CIVIL SURGEON OF GOVERNMENT HOSPITAL**