

**Proforma- 'F'**

**(To be issued on the Printed Letter Head of the concerned office)**

**(For P1/ P2/ P3 Candidates)  
(For Persons with Disability Candidates)**

Photograph of the  
candidate  
showing the  
Physical disability

**CERTIFICATE**

This is to certify that I have examined Mr. / Miss .....

.....on ..... He/ She has .....

..... (Name of the Physical Disability) which comes under the sub

category (P1) Blindness (P2) Speech & Hearing impaired. (P3) Orthopedic

disorder.

Certified that:

1. The percentage of handicap is not less than 40% and is equal to .....%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to Two Year Post Graduate Degree course in Management without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/her admission to First Year of Two Year Post Graduate Degree course in Management in Maharashtra for the academic year 2017-2018.

Outward No.:  
Date:  
Place:  
Hospital

(Name & Signature)  
Director  
All India Institute of Physically Handicapped, Mumbai  
(or)  
Dean/Civil Surgeon of Government  
(Name of the issuing Authority)

Seal of the Office