

CERTIFICATE No. 1

Note : This certificate should be issued by an Officer of Revenue Department not below the rank of a Tahsildar in the Taluk concerned.

CERTIFICATE OF PERMANENT RESIDENCE IN TAMIL NADU ‡

Certified that Thiru / Thirumathi.....Parent / Guardian* of
Thiru / Selvi / Thirumathi **.....an applicant for admission to..... in
Tamil Nadu has / had permanent residence at... .. in Tamil Nadu.

Signature of Village Administrative Officer
of.....
in the..... Taluk
of District.

Signature :
Name and Designation :
Station :
Date :

Office Seal :

‡ 1. The above certificate need not be produced by :

- (a) *Candidates who have passed the IX and X Examinations or their equivalent examinations from a School in the State of Tamil Nadu.*
- (b) Children of Central Government employees and employees of Public Sector undertakings sponsored by the Government of India servicing in the State of Tamil Nadu for a period of 5 years continuously at the time of submission of application. However a Certificate to this effect must be produced from the Head of Office.

1. Any foreign national irrespective of the period of study in the State will not, become eligible to apply for this course. No Certificate of permanent residence in the State of Tamil Nadu, should therefore be issued to Nationals of other countries for this purpose.

2. Other candidates who claim Tamil Nadu nativity but have not passed the IX and X other equivalent examinations from a School in the State of Tamil Nadu should produce, in respect of the Parent / Guardian, certificates of permanent residence in the State of Tamil Nadu.

3. (a) This Certificate should first be signed by the Officer incharge of the Village or Town concerned which is claimed as the place of permanent residence and it should be thereafter countersigned by an Officer of the Revenue Department not below the rank of a Tahsildar in the Taluk concerned.

This Certificate should not be issued by Special Tahsildars, Deputy Tahsildars such as Loans, Land acquisition, Election, excise and HQs. Deputy Tahsildars, Special Deputy Collectors, Asst. Commissioner of Agricultural Income, Excise, Elections etc.

(b) The Certificate should bear the stamp of the office of the Officer signing the Certificate. The certifying officers should insist upon clear proof of the permanent residence of the Parent or Guardian of the candidate and satisfy themselves on the genuineness of the residential qualification. They should be particularly careful in the case of candidates whose mother tongue is not Tamil and whose place of birth is outside the place mentioned in the Certificate.

4. A person will not lose his permanent residence in the State merely on account of his absence from the State owing to his employment elsewhere in Government Service or in any occupation, trade, business or profession.

5. Government servant of Tamil Nadu and the employees of all the State Public Sector undertakings and other Statutory Bodies will be deemed to have permanent residence in Tamil Nadu (Certificate from the Head of the Office should be furnished for their employment in Tamil Nadu).

6. If only one of the parents of a candidate is alive, the State of permanent residence of the surviving parent can alone be taken into account. If both the parents are dead, the candidates may choose the State of Permanent residence of the father or mother. The State of permanent residence of a candidate's guardian need be given (and will be taken into account) only if both the parents of the candidate are dead. The relationship of the guardian to the candidate should also be mentioned. If both parents are alive, only the State of permanent residence of father should be taken into account.

7. *The parent or parents of Tamil Nadu origin living in other States can be allowed to admit their children on obtaining necessary permanent residence certificate from the authorities concerned in Tamil Nadu.*

* Applicable only when parents are not alive.

** In this case the permanent residence of husband (not Parent or Guardian) should be furnished.

CERTIFICATE No.2

CERTIFICATE OF DEPENDENCY ON EX-SERVICEMAN

(As per Letter No. 4636 / 2018 / T4 / dated : 13-03-2018. From the Joint Director, Directorate of Ex-servicemen's Welfare Board, Chennai 600 003).

1. The Dependence Certificate on Ex-servicemen can be applied through the Website **www.esmwel.tn.gov.in** and should get authorised from Ex-servicemen Welfare Office.
2. This Certificate shall be issued by an Officer of the Department of Ex-servicemen's Welfare of Tamil Nadu not below the rank of Assistant Director of Ex-servicemen's Welfare Board of the District in which the dependent is a NATIVE. This reservation is applicable only to Tamil Nadu Native Candidates.
3. The authorised Original Certificate should be submitted to the Principal, Central Polytechnic College at the time of Counselling.

[P.T.O.]

DEFINITIONS

“Ex-serviceman” is a person who has served in any rank (whether as a combatant or as non combatant) in the Armed Forces of the Union, including the Armed Forces of the Former Indian States (but excluding the Assam Rifles, Defence Security Corps, General Reserve Engineering Force, Lok Sahayak Sena and Territorial Army) for a continuous period of not less than six months after attestation and has been released, otherwise than at his own request or by way of dismissal or discharge on account of misconduct or inefficiency, or has been transferred to the reserve pending such release, or has to serve for not more than six months for completing the period of service requisite for becoming entitled to be released or transferred to the reserve or, has been released at his own request after completing Five Years’ service in the Armed Forces of the Union.

(Refer : Department of Personnel and Administrative Reforms Notification No. 39016 / 10 / 79-Estt.(C) of December 15, 1979).

Note 1 : The term “released” would cover those Armed Forces Personnel who died while in service or were killed in action.

Note 2 : Coys / Recruits who are in receipt of disability pension i.e., attributable to service are deemed to be “Ex-servicemen”.

(Authority : Kendriya Sainik Board Letter No. 165 / KSE / DOE / TN / 76 Dated 29–7–1976).

Note 3 : Territorial Army personnel under the following Category are deemed as “Ex-servicemen”.

- (a) Pension holders for continuous embodied service.
- (b) Disabled Territorial Army Personnel with disability attributable to Military Service.
- (c) Family pension holders.
- (d) Gallantry Award winners.

(Authority : Director General Resettlement Letter No. 2667/DGR/EMP/RES-3, Dated 16–12–1982).

/ True Extract /

CERTIFICATE No.3

Name :

MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY DIFFERENTLY ABLED PERSONS (To be issued by the District Medical Board)

Certified, that the District Medical Board of.....(City) have
this.....day of.....2019 examined the Candidate whose particulars are given below :



1. Name of the Candidate :
2. Father's Name :
3. Sex :
4. Approximate Age :
5. Identification Marks : 1.
2.
6. Whether Audiologically / Visually Disabled :
(if yes for either one or both medical certificate / s for
fitness from the respective Board has to be produced)
7. Nature of Orthopaedic Disabled :
8. Extent of permanent disability in percentage :
9. Whether the Candidate fulfils the following :
Standards and may be considered for admission
to undergo studies in Engineering College /
Technical Institution
 - (a) Normal Blood Pressure : Yes / No
 - (b) Mentally Normal : Yes / No
 - (c) Independent in ambulation with or without
calipers but without any support : Yes / No
 - (d) Good standing balance with or without
calipers but Without any support : Yes / No
 - (e) Hand function within normal limits without
any aid : Yes / No
 - (f) Good control over bowel and bladder : Good / Not good
 - (g) Is the disability non-progressive : Yes / No
10. Whether eligible for consideration under : Yes / No
Differently Abled Persons Quota
11. Whether the candidates is physically and : Yes / No (If no please specify reasons)
mentally fit to be considered for admission in
Engineering College / Technical Institution

Signature of the Applicant

Members

1.

Chairman, District Medical Board

Date with seal of
Medical Board

2.

**Note : 1. Candidates with permanent Physical Impairment of 40% and above are eligible for consideration under reserved quota.
2. Sl. No. 11 should be filled compulsorily, in the absence of which the application will be rejected.**

CERTIFICATE No.4

Name :

MEDICAL CERTIFICATE FOR HEARING IMPAIRED (To be issued by the District Medical Board)

Certified, that the District Medical Board of.....(City) have this.....day of.....2019 examined the Candidate whose particulars are given below :



1. Name of the Candidate :
2. Father's Name :
3. Sex :
4. Age :
5. Identification Marks : 1.
2.
6. Whether Orthopaedically / Visually Impaired : Yes / No
(If yes for either one or both medical certificate /s for fitness from the respective Boards has to be produced)
7. Nature of hearing loss and Extent of disability : RE. LE.
(a) Pure tone average db :
(b) Speech discrimination score :
8. (a) Whether a suitable hearing aid to be used : Yes / No
(b) Is the impairment non-progressive : Yes / No
9. Whether eligible for consideration under Differently Abled Persons quota : Yes / No
10. Whether the candidate is physically and mentally fit to be considered for admission in engineering College / Technical institution : Yes / No (if no please specify reasons)

Signature of the Applicant

Members

1.

Chairman, District Medical Board

Date with Seal of
Medical Board

2.

Note : 1. Candidate with hearing ability 40 db and above only in the better ear with speech discrimination score of 50% and above is eligible for consideration under reserved quota.
2. SI. No. 10 should be filled compulsorily, in the absence of which the application will be rejected.

CERTIFICATE No.5

Name :

MEDICAL CERTIFICATE FOR VISUALLY IMPAIRED (To be issued by the District Medical Board)

Certified, that the District Medical Board of.....(City) have this.....day of.....2019 examined the Candidate whose particulars are given below :

1. Name of the Candidate :
2. Father's Name :
3. Sex :
4. Age :
5. Identification Marks : 1.
2.
6. Whether Orthopaedically / Audiologically Disabled: Yes / No
(if yes for either one or both medical certificate / s for fitness from the respective Board has to be produced)
7. Low vision: (Person with low vision means a person with impairment of vision of less than 6/18 to 6/60 with best correction in the better eye or impairment of field in any one of the following categories).
 - (a) Reduction of fields less than 50 degrees :
 - (b) Heminaopia with macular involvement :
 - (c) Attitudinal defect involvement lower fields :
8. Categories of Visual Disability :
(Please Choose the appropriate box)

Space for affixing recent passport size photograph of the candidates duly attested by Chairman, District Medical Board

Category	Better eye	Worse eye	Percentage impairment	Tick (as applicable)
Category O	6/9 – 6/18	6/24 to 6/36	20%	
Category I	6/16 – 6/36	6/20 to Nil	40%	
Category II	6/40 – 4/60 or field of vision 10° – 20°	3/60 to Nil	75%	
Category III	3/60 to 1/60 or field of vision 10°	F.C. at 1ft. to Nil	100%	
Category IV	F.C. at 1ft. to Nil or field of vision 10°	F.C. at 1ft. to Nil	100%	
One eyed persons	6/6	F.C. at 1ft. to Nil or field of vision 10°	30%	

(One Eyed with normal vision are not considered as disabled)

Note : F.C. means Finger Count

9. Whether eligible for consideration under Differently Abled Persons quota : Yes / No
10. Whether the candidate is physically and mentally fit to be considered for admission in Engineering College / Technical institution : Yes / No (if no please specify reasons)

Signature of the Applicant

Members

1.

Chairman, District Medical Board

Date with seal of Medical Board

2.

Note : 1. Candidate with low vision of 40% Impairment and above are considered as disabled and are eligible for consideration under reserved quota.

2. SI. No. 10 should be filled compulsorily, in the absence of which the application will be rejected.

CERTIFICATE No.6

Name of the Applicant :

Application No.

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MEDICAL CERTIFICATE
(Autism / Intellectual Disability / Specific Learning Disability / Mental Illness)
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)

Certified, that the District Medical Board of.....(City) have this.....day of.....2019 examined the candidate whose particulars are given below :

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Approximate Age :
- 5. Identification Marks : 1.
2.

Space for affixing the
Passport size Photograph
duly attested by Chairman
District Medical Board

6. He / She is found to be categorized as persons with :

Autism	Intellectual Disability	Specific learning disability	Mental Illness
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7. Extent of permanent disability in percentage.....% (in words %)

8. This condition is progressive / not progressive / likely to improve / not likely to improve*.

9. Whether the Candidate is eligible for consideration under Differently Abled Persons quota : Yes / No

10. Whether the candidate is physically and mentally fit to be considered for admission in Engineering College / Technical institution : Yes / No (if No please specify reasons)

.....
Signature of the Applicant

Member 1
(Signature and Seal)

Member 2
(Signature and Seal)

Chairman
(Signature and Seal)

Seal of the Medical Board

* Strike out whichever is not applicable

CERTIFICATE No.7

Name of the Applicant :

Application No.

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**MEDICAL CERTIFICATE FOR MULTIPLE DISABILITY
(TO BE ISSUED BY THE DISTRICT MEDICAL BOARD)**

Certified, that the District Medical Board of.....(City) have this.....day of.....2019 examined the candidate whose particulars are given below :

- 1. Name of the Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Approximate Age :
- 5. Identification Marks : 1.
2.

Space for affixing the
Passport size Photograph
duly attested by Chairman
District Medical Board

6. He / She is a Case of **Multiple Disability**. His / Her extent of permanent Physical Impairment / Disability has been evaluated for the disabilities ticked below, and shown against the relevant disability in the table below :

Sl. No.	Disability	Accepted Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1.	Locomotor Disability	Left / Right / both arms Left / Right / both legs		
2.	Low Vision	Single eye / both eyes		
3.	Blindness	Both eyes		
4.	Hearing Impaired	Left / Right / both ears		
5.	Mental Retardation			
6.	Mental Illness			
7.	Other Specified Disabilities			

- 7. Extent of permanent disability in percentage.....% (in words %)
- 8. This condition is progressive / not progressive / likely to improve / not likely to improve*.
- 9. Whether the Candidate is eligible for consideration under Differently Abled Persons quota : Yes / No
- 10. Whether the candidate is physically and mentally fit to be considered for admission in Engineering College / Technical institution : Yes / No (if No please specify reasons)

.....
Signature of the Applicant

Member 1
(Signature and Seal)

Member 2
(Signature and Seal)

Chairman
(Signature and Seal)

* Strike out whichever is not applicable

Seal of the Medical Board

Note : Candidates with permanent Physical Impairment 40% and above are eligible for consideration under reserved quota.