

**Physical Verification of Candidates Claiming the Benefits of PwD Reservation [JoSAA/CSAB- 2024]**

Name of the Verification

Center :

Date of Physical Verification

(DD/MM/YYYY) :

(To be Filled by the Candidate)

1. Name of the Candidate :
2. D.O.B (DD/MM/YYYY) : Gender :
3. JEE (Main) Application No. :
4. Mobile No. : Email ID :
5. Type of Certificate Submitted : UDID / JoSAA Format
6. Certificate Number and Issue Date :

(To be Filled by the Medical Verifying Officer)

7. Type of Physical Disability (as per Certificate):
8. Percentage of Disability (as per Certificate) :
9. Is Candidate Dyslexic? : YES / NO
10. Based on the document(s) submitted by the above-mentioned candidate and physical verification (Tick  in appropriate box, and write 'NA' otherwise):

Candidate is **RECOMMENDED** in PwD Category.

Candidate is **NOT RECOMMENDED** in PwD Category for the following reasons:

[Reasons for NOT RECOMMENDING]

Signature (with date) of the Institute Medical Doctor

Name:

Signature and Stamp of the Verification center