# Physical Verification of PwD Candidates Having Less Than 40% Disability [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 / JEE (Main) 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. **Disability Certificate (Annexure-IV of JEE-2024) Enclosed:** 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):**

☐ The support of a Scribe for writing the JEE-2024 is **ACCEPTED**.

☐ The support of a Scribe for writing the JEE-2024 is **NOT ACCEPTED**.

[Reasons for NOT ACCEPTING]

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**Signature (with date) of the Institute Medical Doctor**
**Name:**

_____
**Signature and Stamp of the Verification center**