

Medical Certificate for the Deaf

Certified that I, Dr.
Registration No..... have this.....
Day of200.. examined the candidate whose particulars
are given below.

1. Name of candidate
2. Father 's name
3. Sex
4. Approximate
5. Identification mark
6. An estimate of the residual hearing if any and the basis on which this estimate has been arrived at .
 - i) Right ear
 - ii) Left ear.
7. Onset of deafness (please state whether deafness is from birth or acquired later if it has been caused afterwards the age and cause of deafness may be indicated) (For the purpose of these scholarship the deaf are those in whom the sense of hearing in non-functional for the ordinary purpose of life . Generally loss of hearing at 70 decibels or above at 500, 1000, 2000, frequencies will make residual hearing non-functional).
8. Please state clearly whether the candidate is deaf for the purpose of scholarship.
9. Please enclose audiogram chart.

Signature of application
Place
Date

(Signature of E.N.T Specialist)
Designation
Office Stamp
Address