

APPENDIX-B**AFFIDAVIT**

(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

I have hearing loss in:

- ☐ Right Ear
☐ Left Ear
☐ Both Ears
☐ Neither

2. I use:

- ☐ Prescribed Hearing Aid
☐ Cochlear Implant
☐ None

3. I declare as under:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓ / ✗)
1.	Communicate effectively using the above-mentioned assistive devices.	
2.	Engage in a conversation in a quiet room and in a noisy environment.	
3.	Understand and respond to verbal instructions.	
4.	Carry out phone conversations.	

4. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.

- 1.
- 2.
- 3.

5. I am aware that any false declaration may result in revocation of admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

APPENDIX-C**AFFIDAVIT**

(LOCOMOTOR DISABILITY)
{UPPER EXTREMITY- COORDINATED ACTIVITY}

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as _____
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my functional ability in performing the basic Coordinated Activities as below:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓ / ✗)
1.	Can you lift overhead objects and place them at the same place?	
2.	Can you touch tip of the nose with the tip of a finger?	
3.	Can you eat by yourself?	
4.	Can you groom, comb and lift plate by yourself?	
5.	Can you put on a shirt/kurta/upper garment on your own?	
6.	Can you clean yourself after toileting (Act of Ablution)?	
7.	Can you Drink water holding a Glass/tumbler?	
8.	Can you button/unbutton your clothes?	
9.	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti, using the Zip as the case may be?	
10.	Can you hold a Pen/Pencil and write?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.

- 1.
- 2.
- 3.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized

by:

APPENDIX-D**AFFIDAVIT**

(LOCOMOTOR DISABILITY)
 {LOWER EXTREMITY- STABILITY COMPONENTS}

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.

3. The condition causing this disability is diagnosed as

4. I am using/not using any assistive device/artificial limb etc.

5. I declare my ability to perform the following functions as below:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓ / ✗)
1.	Can you bear weight and stand on both legs?	
2.	Can you bear weight and stand on your affected leg?	
3.	Can you walk on plain surfaces?	
4.	Can you sit on a chair by yourself?	
5.	Can you take turn to the right and left sides?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.

- 1.
- 2.
- 3.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

APPENDIX-E**AFFIDAVIT**• **MENTAL ILLNESS**• **SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM
SPECTRUM DISORDER**

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as _____
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my ability to perform the following functions as below:

SL. NO.	Description	Candidate Declaration (✓/ ✕)
1.	I can communicate clearly and empathetically with families and colleagues.	
2.	I can listen and respond to speech in both quiet and noisy environments.	
3.	I can follow and give instructions, comprehend required medical terminology, and maintain social interaction.	
4.	I can understand and respond to verbal instructions and can carry out phone conversations.	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.
 1. _____
 2. _____
 3. _____
7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by: _____

APPENDIX-F**AFFIDAVIT****(VISUAL IMPAIRMENT)**

I, _____ aged, _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

1. I have Visual Impairment in:

- Left Eye
- Right Eye
- Both Eye
- Neither

2. I am using Low Vision Aid(s) _____.

3. With the use of Low Vision Aid, I declare the fulfillment of following criteria:

SL. NO.	ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID	Candidate Declaration (✓ / ✗)
1.	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2.	The field of vision is > 40 degree in the eye which is using the LVA	
3.	The LVA is hands free and suitable for everyday use	

4. I hereby affirm that I can perform with the use of Low Vision Aid.

5. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.

- 1.
- 2.
- 3.

6. I am aware that any false declaration may result in revocation of my Post Graduate Medical admission.

Deponent Signature: _____

Date:

Place:

Notarized by: