



॥ आयुषे सर्वलोकानाम् ॥

भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
आयुष मंत्रालय, भारत सरकार
कार्यालय: टी-19, पहली और दूसरी मंजिल, ब्लॉक-IV, धनवन्तरी भवन,
मार्ग नं. 66, पंजाबी बाग (पश्चिम), नई दिल्ली-110026
National Commission for Indian System of Medicine
Ministry of AYUSH, Govt. of India
Office: T-19, 1st & 2nd Floor, Block-IV, Dhanwantri Bhawan,
Road No. 66, Punjabi Bagh (West), New Delhi-110026



देश का प्रकृति परीक्षण अभियान
॥ आयुषे सर्वलोकानाम् ॥

क्रमांक / Ref. No. BOA/AACCC/32/2024

दिनांक / Date 12.08.2025

To,

1. Ayush Admissions Central Counseling Committee, NCISM, New Delhi
2. State/UT Counseling Authorities (AYUSH)
3. Health Secretaries of all State Govt. /Union Territories dealing with the Education of ASU,
4. Director of ISM & H of all State Govts. /Union Territories,
5. Registrars of all Universities having faculty of ASU,
6. Principal/Dean/Directors of all ASU Colleges/Institute

Subject: Important Information for UG Counselling 2025 Candidates applying under the PwBD Category- regarding

Sir/Madam

With reference to the subject mentioned above I am hereby directed to inform you that all participating candidates of UG Counselling 2025 who want to apply under PwBD category that in compliance with the directives issued by the Hon'ble Supreme Court of India in the matter of Om Rathod Vs. Union of India & Others and connected matters, the National Commission for Indian System of Medicine (NCISM) and National Commission for Homoeopathy, in its joint commission meeting discussed to review Appendix A and B of National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022 with the objective to align the guidelines with the provisions of the Rights of Persons with Disabilities Act 2016, and the subsequent notification issued by the Ministry of Social Justice and Empowerment (MoSJE) on 12.03.2024.

In this respect as per decision, in the meeting of Joint Commission, both the Commissions unanimously agreed to adopt interim Guidelines for the PwBD category issued by NMC for admissions for ASU courses in AY 2025-26 to ensure parity and standardization across medical education systems.

Accordingly, , the NCISM has resolved that all candidates with benchmark disabilities, who possess a valid UDID card issued by the Department of Empowerment of Persons with Disabilities (DEPwD) and further meet the NEET UG eligibility criteria, shall be considered for admission in BAMS/BUMS/BSMS course under the PwBD category.


Further, it is informed that, the following documents must be mandatorily submitted by PwBD candidates at the time of reporting to designated disability centers of MCC for obtaining disability certificates for the academic year 2025-26:

- NEET UG 2025 result demonstrating eligibility for the BAMS/BUMS/BSMS course.
- Valid UDID card (Yellow or above) issued by the DEPwD (excluding visual disabilities)
- Self-certified affidavits in the prescribed format, specific to the candidate's disability category, as provided in Schedule-I (Copy enclosed)
- The candidate will have to approach the designated Medical Board for verification of their self-certified affidavits.

In light of above facts, PwBD candidates participating in UG Counselling 2025 for ASU courses, are advised to note the following points w.r.t obtaining Disability Certificate for the purpose of upcoming NEET UG Counselling, from designated disability centers of MCC:


- Candidates who wish to claim All India Quota seat under PwBD category are required to visit one of the 16 designated disability centres of MCC (List enclosed) and submit following documents at the centre to obtain the Disability certificate
 - NEET UG 2025 result demonstrating eligibility for the BAMS/BUMS/BSMS course.
 - Valid UDID card (Yellow or above) issued by the DEPwD (excluding visual disabilities)
 - Self-certification form in the prescribed format of NCISM as provided in Appendix-A (Copy enclosed)
 - Affidavits, specific to the candidate's disability category, in the prescribed format of NCISM as provided in Appendix-B to F (Copy enclosed)
- The certificate will be generated by the center as per details of disability mentioned on the UDID card, affidavit submitted by the PwBD candidate, fulfillment of eligibility criteria subject to Board assessment of functional competencies
- For disabilities other than the one already discussed in respect of Locomotor, Hearing, Visual and SLD/ASD/ Mental Illness, they will have to submit a valid UDID card and the self-certified affidavit prescribed in Appendix-A under the category "Others".
- Only those candidates who have obtained Disability certificate from a designated center of MCC will be shown choices of PwD seats for All India Quota.
- The disability certificate will be valid for this academic session only.
- Candidates who wish to avail PwBD seat under 85% State quota can visit state disability boards for obtaining certificates. However, evaluation has to be conducted by the state disability boards as per NCISM Guidelines (2025)

This is issued with the approval of the Competent Authority.


Sachidanand Prasad
Secretary, NCISM

Copy to:-

1. The Secretary to Govt. of India, Ministry of AYUSH, Ayush Bhawan, B-Block, GPO, Complex, INA, New Delhi-110023.
2. Chairperson, National Commission for Indian System of Medicine, New Delhi
3. Deputy Director General, Medical Counselling Committee, Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, Government of India, New Delhi. Email ID - adgme@nic.in
4. Chairman, National Commission for Homeopathy, New Delhi, Email ID - chair-nch@gov.in
5. All Boards Presidents, NCISM
6. Controller of Examination, NCISM, New Delhi
7. Guard file


Sachidanand Prasad
Secretary, NCISM

INTERIM GUIDELINES ON ASSESSMENT METHOD FOR GRANTING ADMISSION IN BAMS/BUMS/BSMS COURSE TO PwBD CANDIDATES FOR AY 2025-26

Preamble:

The National Commission for Indian System of Medicine (NCISM) is committed to promoting equitable and inclusive access to undergraduate education in Ayurveda, Siddha, and Unani (ASU) systems for all eligible candidates, including Persons with Benchmark Disabilities (PwBD).

In accordance with the *Rights of Persons with Disabilities Act, 2016* and the *NCISM (Minimum Standards of Undergraduate Education) Regulations, 2022*, this interim report outlines key measures to support the admission of PwBD candidates to BAMS, BUMS, and BSMS courses.

The report highlights essential areas such as disability assessment, eligibility criteria, reasonable accommodations, accessibility standards, and institutional readiness. It aims to strengthen existing systems and ensure a fair, dignified, and inclusive educational environment.

NCISM envisions a diverse ASU medical workforce where every student, regardless of ability, can pursue a career in medicine and serve society with competence and compassion.

1. Introduction

In alignment with the *Rights of Persons with Disabilities (RPwD) Act, 2016*, and subsequent directives—most notably the notification issued by the Ministry of Social Justice and Empowerment (MoSJE) dated 12.03.2024 emphasizing inclusive education and reasonable accommodation—and the Hon'ble Supreme Court's judgment dated 25.10.2024 in *Om Rathod vs. Union of India & Others* (SLP (C) No. 21942 of 2024), a significant shift has been initiated in the national approach to disability inclusion in higher education.

These developments reinforce the mandate for inclusive policies and practices, guiding institutions to adopt measures that ensure equal access and meaningful participation of Persons with Benchmark Disabilities (PwBD) in medical education.

2. Functional Competency Approach

Recent legal and policy developments highlight the shift from rigid percentage-based disability thresholds to a more inclusive, functional competency-based assessment. In response, the National Commission for Indian System of Medicine (NCISM) has adopted proactive measures to address challenges faced by Persons with Benchmark Disabilities (PwBD).

These measures include the provision of reasonable accommodations, revision of eligibility criteria, and adoption of assessment methods that prioritize individual functional capabilities over numerical disability percentages, thereby fostering a fair and inclusive learning environment.

3. Deliberations and Guideline Development

Extensive deliberations were undertaken during a joint commission meeting of the National Commission for Indian System of Medicine (NCISM) and the National Commission for

Homoeopathy (NCH). A consensus was reached to develop comprehensive guidelines centered on functional ability and the provision of reasonable accommodations, ensuring the fair inclusion of PwBD candidates in the BAMS, BUMS, and BSMS programs—without causing undue hardship or exclusion.

This initiative aims to strengthen existing systems, address practical challenges, and formulate evidence-based recommendations to foster an enabling academic environment rooted in dignity, non-discrimination, and equal opportunity. Key focus areas include disability assessment, eligibility norms, reasonable accommodations, accessibility standards, and institutional readiness.

4. Interim Admission Approach for AY 2025–26

The identification and definition of essential competencies for each type of disability is a highly complex, multi-dimensional, and evolving process. It requires careful consideration of a range of factors, including the nature and extent of functional limitations, the role of assistive devices and emerging medical technologies, and the demands of clinical training and patient safety. Striking an appropriate balance between the principles of inclusion and the imperatives of clinical competence and patient care is of utmost importance in the context of medical education.

Undergraduate ASU programs—spanning Ayurveda, Siddha, and Unani disciplines—entail diverse skill sets and clinical requirements that vary significantly across specializations. As such, the development of final disability inclusion guidelines necessitates specialty-specific consultations with medical educators, experts, practitioners, beneficiaries, and other relevant stakeholders. These deliberations will help ensure that the final framework is both inclusive and aligned with professional standards of practice.

In view of the above, the final guidelines—once all procedural requirements, stakeholder consultations, and expert reviews are completed—will be formally notified and implemented from subsequent academic years.

Meanwhile, to avoid disruption and ensure continuity in the admission process for Persons with Benchmark Disabilities (PwBD), an interim admission framework shall be followed for the Academic Year 2025–26. This interim approach will uphold the spirit of inclusion while maintaining essential academic and clinical standards until the comprehensive guidelines are finalized.

5. Functional Assessment of Disabilities

- The earlier numerical disability thresholds are no longer applicable.
- Assessment will prioritize the candidate's functional ability to meet academic and clinical demands of BAMS, BUMS, and BSMS courses.

6. Mandatory Use of UDID Portal

- As per Gazette Notification S.O. 1736(E) dated 05.05.2021 by the Department of Empowerment of Persons with Disabilities (DEPwD), all disability certificates and UDID cards must be issued through the UDID online portal from June 1, 2021 onwards.
- The UDID card is the mandatory and authoritative proof for verifying disability status for NEET UG candidates applying under the disability category.

7. Evaluation Framework Based on MoSJE Guidelines

- Candidate assessment will follow the Ministry of Social Justice and Empowerment (MoSJE) guidelines notified on 12.03.2024.
- These guidelines ensure a uniform, comprehensive evaluation that balances patient safety, clinical competence, and inclusive access

8. Institutional Responsibilities under the RPwD Act

The ASU medical colleges as per the recommendations prescribed under RPwD Act, 2016, shall make maximum efforts in accommodating and facilitating the candidates with disabilities:

- ***Non-Discrimination in Admission and Education (Section 16):***

Institutions must ensure that no student with a disability is denied admission on the grounds of disability and must provide an inclusive education system at all levels.

- ***Infrastructure Accessibility (Section 45):***

Institutions must ensure barrier-free access to buildings, classrooms, libraries, laboratories, hostels, and other facilities as per the standards notified by the Government of India.

- ***Sensitization and Capacity Building:***

Colleges are encouraged to conduct awareness and sensitization programs for faculty, staff, and students to promote an inclusive environment and reduce attitudinal barriers.

- ***Nodal Officer for Disability Affairs:***

Institutions are advised to appoint a dedicated Nodal Officer or establish a Disability Cell to address the concerns and support needs of students with disabilities

- ***Grievance Redressal Mechanism:***

An accessible and responsive grievance redressal system must be in place to address complaints related to discrimination or lack of accommodation.

9. Decision Taken

In the meeting of Joint Commission, both the Commissions unanimously agreed to adopt interim Guidelines for the PwBD category, issued by NMC for admissions for ASU courses in AY 2025-26 to ensure parity and standardization across medical education systems.

- PwBD candidates must submit:
 - A valid UDID card issued by a designated medical authority under MoSJE.
 - Self-Certified affidavits in the format provided under Schedule -1.
 - The candidate will have to approach the designated medical board for verification of their self-certified affidavit.
- Designated Medical Boards (16 designated medical boards) are required to undertake following duties:
 - The competencies mentioned in the appendix under Schedule-I are basic & mandatory. The candidates, to the satisfaction of the designated medical board, may demonstrate the competencies that have been declared by him/her. If the board finds the declared competencies unsubstantiated based on

the candidate's performance, it must issue a reasoned decision declaring him/her ineligible to pursue ASU medical course.

- If the candidate while self-declaring the essential competencies mentions one or more competencies in negative or is not able to demonstrate one or more of the listed essential competencies, the board shall see if he/she is able to compensate such deficits, by other alternative functionalities; and may take a holistic view regarding his capability to pursue BAMS/BUMS/BSMS course.
- The designated medical boards may utilize standardized tests and tools to evaluate the abilities of the candidates, as per their declaration, instead of focusing on the disabilities.
- All decisions of the designated medical board(s) shall be in the form speaking orders.

Admissions will be processed by the counseling authority, based on NEET 2025 scores, institutional preferences, and verification of required documents by the concerned designated medical board(s). ASU Medical colleges will provide accommodations accordingly.

Assessment Form

(General)

(To be filled by medical boards for all the applicants under PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

Type of Disability:

- ☐ Hearing: _____
- ☐ Visual: _____
- ☐ Locomotor: _____
- ☐ SLD/ASD/ Mental Illness: _____
- ☐ Others _____
- ☐ (Please specify) The condition causing this disability is diagnosed as:

The candidate is using/not using any assistive device/artificial limb, etc...:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No.	Competency Area	Description	Yes/No
1	Communication	Can communicate clearly and Empathetically with people using assistive devices.	
2	Hearing	Can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants	
3	Dominant Hand Functionality	Can write and hold instruments using a dominant or aided hand.	
4	Understanding/Communication	Can follow and comprehend Medical terminology and maintain social interaction.	
5	Vision	• Vision improves to the percentage lower than 40%	
		• Can perform with the help of Low vision Aid	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the BAMS/BUMS/BSMS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer): _____

Date: _____

Place: _____

Assessment Form (Hearing Impairment)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as:

Hearing Loss in:

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

The candidate is using/not using any assistive device/artificial device, etc.:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

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

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the BAMS/BUMS/BSMS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer): -----

Date: _____

Place: _____

Assessment Form
(Locomotor Disability - Upper Extremity: Coordinated Activity)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as :

The candidate is using/not using any assistive device/artificial limb, etc.:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

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

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the BAMS/BUMS/BSMS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):-----

Date: _____

Place: _____

Assessment Form (Locomotor Disability - Lower Extremity: Stability Components)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

The candidate is using/not using any assistive device/artificial limb, etc.:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No.	Functional Ability regarding following Activities declared	Yes/No
1	Can bear weight and stand on both legs?	
2	Can bear weight and stand on the affected leg?	
3	Can walk on plain surfaces?	
4	Can sit on a chair by themselves?	
5	Can climb up stairs on their own?	
6	Can go downstairs by themselves?	
7	Can take turns to the right and left side?	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the BAMS/BUMS/BSMS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):-----

Date: _____

Place: _____

Assessment Form

**(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM
SPECTRUM DISORDER)**

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

The candidate is using/not using any assistive device/artificial limb,etc..:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No.	Functional Ability regarding following Activities declared	Yes/No
1	Can communicate clearly and empathetically with people	
2	Can listen and respond to speech in both quiet and noisy environments	
3	Can follow instructions, comprehend required medical terminology, and maintain social Interaction	
4	Can understand and respond to verbal instructions and can carry out phone conversations.	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the BAMS/BUMS/BSMS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):-----

Date: _____

Place: _____

Assessment Form (VISUAL IMPAIRMENT)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

The candidate is using/not using any assistive device/artificial limb, etc.:

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

Sl. No	Functional Ability regarding following Activities declared	Yes/No
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	

Assistive Devices Used (if any):

Remarks (Findings and Recommendations):

Certification:

We, the undersigned members of the Medical Board, certify that the self-certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the BAMS/BUMS/BSMS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):-----

Date: _____

Place: _____

SCHEDULE-I

APPENDIX- A	SELF CERTIFICATION FORM- GENERAL
APPENDIX- B	AFFIDAVIT FOR DECLARING THE HEARING IMPAIRMENT
APPENDIX -C	AFFIDAVIT FOR DECLARING THE LOCOMOTOR DISABILITY (UPPER LIMB EXTREMITY)
APPENDIX-D	AFFIDAVIT FOR DECLARING THE LOCOMOTOR DIABILITY (LOWER LIMB EXTREMITY)
APPENDIX-E	AFFIDAVIT FOR DECLARATION BY A PERSON WITH MENTAL ILLNESS/ SLD/ ASD
APPENDIX-F	AFFIDAVIT FOR DECLARATION BY A PERSON WITH VISUAL DISABILITY

APPENDIX-A

Self-Certification Affidavit
(To be filled by all applicants applying under PwBD Category)

Name of Candidate: _____

NEET Roll No.: _____

NEET Score: _____

UDID No.: _____

Disability Type:

- ☐ Locomotor
- ☐ Hearing
- ☐ Visual
- ☐ Cognitive/SLD/
- ☐ *Others : _____
- ☐ (Please specify) Disability Percentage as per [UDID card]:-----%

Assistive Devices Used (If any): _____

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓/ X)
A. Communication	<ul style="list-style-type: none"> I can communicate clearly and empathetically with people using assistive devices. 	
B. Hearing	<ul style="list-style-type: none"> I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. I undertake to fulfill the eligibility criteria set under Form Appendix -B 	
C. Dominant Hand Functionality	<ul style="list-style-type: none"> I can write and hold instruments using my dominant or aided hand. I undertake to fulfill the eligibility criteria set under Appendix -C and D 	

D. Understanding / Communication	<ul style="list-style-type: none"> • I can follow and comprehend medical terminology and maintain social interaction. • I undertake to fulfill the eligibility set under Form Appendix -E 	
E. Vision	<ul style="list-style-type: none"> • My vision improves to the percentage lower than 40% • I can perform with the help of Low vision Aid • I undertake to fulfill the eligibility criteria set under Form Appendix -F 	

2. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the BAMS/BUMS/BSMS course.
3. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: -----

Date:

Place:

Notarized by:

*Note: Persons with benchmark disabilities other than Locomotor/Visual/Hearing/SLD/ASD/Mental Illness will have to submit the self-certified affidavit at Appendix-A only (eg.: Blood disorders - Haemophilia, Thalassemia and Sickle cell disease Chronic Neurological Conditions etc.)

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 (✓/ X)
1.	Communicate effectively using the above-mentioned assistive devices.	
2.	Engage in a conversation in a quiet and 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 BAMS/BUMS/BSMS course.

5. I am aware that any false declaration may result in revocation of my 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 (✓/ X)
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 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 BAMS/BUMS/BSMS course.

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 (✓/ X)
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 climb up stairs on your own?	
6.	Can you go downstairs on your own?	
7.	Can you take turn to the right and left side?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the BAMS/BUMS/BSMS course.

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 (✓/ X)
1.	I can communicate clearly and empathetically with people	
2.	I can listen and respond to speech in both quiet and noisy environments.	
3.	I can follow 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 BAMS/BUMS/BSMS course.
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 fulfilment of following criteria:

SL. NO.	ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID	Candidate Declaration (✓/ X)
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 am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date:

Place:

Notarized by:

List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses

S/No.	Name of Disability Certification Centre	City/State	Specialties Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability.
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Gonitometer Adult. Plumb Line, Hand Dynamometer, Laser
9.	Govt. Medical College and Hospital, Sector 32	Chandigarh	All Disabilities as mentioned in Disability Certificate
10.	Govt. Medical College, Agartala, State Disability Board	Agartala, Tripura	All Disabilities as mentioned in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University,	Varanasi, Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.

12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13.	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT For Visual Disability: Candidates who use LVAs may bring their own LVAs which can be checked.
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH), Mysuru	Mysuru, Karnataka	For Speech & Hearing Disabilities only