

**CERTIFICATE FOR AVAILING ADMISSION AGAINST  
PERSON WITH DISABILITIES QUOTA**

Photograph of  
the Candidate.

**(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)**

This is to certify that I have examined Mr./Ms. \_\_\_\_\_  
Son/Daughter/Wife of \_\_\_\_\_

Mr./Ms. \_\_\_\_\_ is Person With  
Disabilities/Divyang due to \_\_\_\_\_ and the percentage of disorder is  
\_\_\_\_\_. He/she is fit for undergoing all the course(s)/ only  
\_\_\_\_\_ courses, at Board of  
Technical Education, Delhi without any special concessions and exemptions.

Signature of the Candidate

Name & Signature of the Officer In-charge,  
Vocational Rehabilitation Centre for Handicapped  
Karkardooma, New Delhi.

(Office Seal)

Date: