

**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 suffering from Dyslexia
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,
Institute of Human Behavior and Allied Sciences, (IHBAS)
Dilshad Garden, Delhi.

(Office Seal)

Date: