

FAQs for (15% All India Quota)/Deemed/ Central Universities/ESIC/AFMS

NEET UG (15 % All India Quota)/Deemed/Central {University of Delhi (MAMC, UCMS, LHMC), AMU, BHU} Universities/ ESIC/ AFMS Medical/Dental Seats Online Counseling:2018

In Compliance of Hon'ble Supreme court directions in Writ Petition (Civil) No. 267/2017 DAR-US-SLAM EDUCATIONAL TRUST AND ORS Petitioner VERSUS MEDICAL COUNCIL OF INDIA AND ORS and Regulations of MCI (Gazette Notification -Regulations on Graduate Medical Education, 1997 dated 21-05-2018)

The following modification in scheme have been made in 15% (AIQ)/ Deemed/ Central Universities/ AFMS/ ESIC

- 1. After the second round of counselling for All India Quota seats, the students who take admission in All India Quota seats should not be allowed/permitted to vacate the seats as per the directions of Hon'ble Supreme Court of India in W.P. (c) 267/2017 DAR-US-SLAM EDUCATIONAL TRUST and Ors. Vs. MEDICAL COUNCIL OF INDIA and Ors. Dated 09.05.2017.**

Keeping the above directions in view Candidates are advised to take a calculated decision of continuing in Second round of AIQ/Deemed/Central Universities as they would not be permitted to resign from 2nd round of AIQ/Deemed/Central Universities. They will also not be allowed to participate in any Counselling after joining in Second Round of AIQ.

- 2. It has been decided by MCC that the earlier eligibility criteria of 15% AIQ wherein total candidates called for Counselling were five times the number of seats available for allotment were (as being done previously) has been abolished. All candidates will be eligible till exhaustion of seats.**

Now all candidates except from state of J&K scoring above the minimum Cut off percentile Score as per MCI/DCI Regulations are eligible to Participate in 15% AIQ online counselling.

Q. No.1: MCC/DGHS will do Counseling for which Colleges/ Universities?

Ans: MCC/DGHS will be doing Counseling for 15% AIQ, 100% Deemed Universities, Central Universities (Delhi University, AMU & BHU including Institutional/ Domicile Quota), ESIC & AFMS.

Q. No.2: Who are eligible for NEET UG 15% All India Quota Counseling?

Ans: All candidates who have qualified for All India Quota seats on the basis of their rank in NEET UG conducted by the Central Board of Secondary Education (CBSE) except J&K. Eligible candidates may download the Rank letter/ Result from Central Board of Secondary Education (CBSE) website (<http://cbseneet.nic.in>). Cutoff rank of eligible candidates is also available on this website under heading of notice.

For this year cut off rank for 15% All India Quota is same as that of MCI/DCI cutoff

Q. No. 3: How many choices will be shown to Candidates?

Ans. All choices for which the Candidate is eligible & has opted for during Registration time will be shown to candidates.

Q. No. 4: Who are eligible for Deemed Universities Counseling?

Ans: All candidates who have qualified for All India Quota seats on the basis of their rank in NEET UG conducted by the Central Board of Secondary Education (CBSE).

Q. No. 5: Who are Eligible for Central Universities Counseling?

Ans: 1) Delhi University (LHMC,UCMS, MAMC) : - 15% Seats will be contributed to All India Quota & for the rest 85% seats, candidates who have studied 11th & 12th grade in Delhi are eligible for Institutional Quota of 85%.

2) Aligarh Muslim University (AMU):- will have 50% Institutional reservation for the candidates who have studied from their schools for the last 3 years. The undersigned office has already informed AMU to provide the list of enrolled candidates who will be eligible for AMU for this academic session. The rest 50% of seats will be open to all eligible candidates for NEET.

3) BHU:- The Eligibility criteria for BHU, will be all candidates who are eligible for NEET counseling will be eligible to participate in BHU Counseling for all seats of BHU.

4) Faculty of Dentistry, Jamia Millia Islamia, Delhi : **03 (Three) seats of BDS** are under internal quota of Jamia Millia Islamia, Delhi and 47 (forty seven) seats of BDS as per the category mentioned in seat matrix are open to all. Students of Jamia who have passed their qualifying examination (X or XII) from Jamia Schools as regular students are eligible for participation under internal quota of Jamia Millia Islamia, Delhi.

Q. No. 6:- What is the permissibility to students to exercise fresh choice during counseling?

Ans: - The following Matrix explains the above question:-

| S. No. | Round | Free Exit | Exit with forfeiture of fees | Ineligible for further counseling | Amount of registration fee |
|--------|-------------------|-----------|------------------------------|-----------------------------------|---|
| 1. | AIQ I/Deemed | ✓ | | | |
| 2. | AIQ II/Deemed | | If not Joined | If joined | Government – Rs. 10,000 (half for SC/ST/OBC) Deemed – Rs. 2,00,000 |
| 3. | State Quota I | ✓ | | | |
| 4. | State Quota II | | If not joined | If joined | Government – Rs. 10,000 (half for SC/ST/OBC) Private – Rs. 1,00,000 |
| 5. | State Quota Mopup | | | If joined | |
| 6. | Deemed Mop-Up | | | If joined | |

Q. No. 7: Who are eligible for ESIC Counseling?

Ans: Regarding eligibility for ESI 15% of seats would be allotted through All India Quota and seats left over after contribution to state quota would be reserved for candidates who are Wards of Insured persons of ESI. The data of Insured persons will be validated by ESI Authorities and this will be incorporated in the NIC software before the processing of result (priority for groups will be as per ESI Policy).

Q. No. 8: Who are eligible for AFMS Counseling?

Ans: Candidates who desire to participate in AFMS Counseling will be allowed to register with an option that they are willing to take part in AFMS Counseling and the list of such candidates will be sent to AFMS Authorities for conducting Offline counseling with respect to Physical Fitness and Personality Test. The result will be sent back to MCC for display on MCC website.

Q. No. 9: What is All India Rank (AIR)?

Ans: All India Rank (AIR) is over all AIPMT, as given by CBSE, is based on rank among the successful candidates, of NEET UG on All India basis.

Q. No. 10: What is All India Quota Rank?

Ans: This is the rank for the purpose of All India Quota seat allotment, after excluding candidates from J&K. As per directions of the Hon'ble Supreme Court the candidates from J&K are not eligible to participate for 15 % All India Quota Counseling (Please also see clause 9 of, Information Bulletin of AIPMT for admission to MBBS/BDS Courses published by Central Board of Secondary Education (CBSE) for details).

Q. No. 11: Whether the candidates having All India Rank (AIR) / All India Quota Rank called for All India Quota Counseling, are eligible for counseling anywhere?

Ans: Candidates declared Qualified/Eligible for All India Quota Undergraduate Seats (MBBS/BDS) only will be eligible for online allotment process for All India Quota Seats, which is conducted by the Medical Counseling Committee (MCC), Ministry of Health & Family Welfare, & Government of India. For State Quota, Private medical and dental college seats the candidates are required to contact the appropriate State Government/Admission Authority & Directorate of Medical Education. Medical Counseling Committee (MCC) will not be able to guide candidates in this matter. For this year 2018-19 as mentioned above the clause of calling candidates five times the number of seats available has been withdrawn, keeping in view of Supreme Court's direction dated 09/05/2017 W.P. (C) (267/2017) -Dar-US-Slams educational trust v/s MCI.

Q. No. 12: What is free exit for 1st Round mean?

Ans: Free exit for Ist Round means if a candidate allotted a seat in Ist Round and even if candidate does not report/join the allotted college he would not be penalized and eligible for subsequent rounds.

Q. No. 13: What is the process of online allotment?

Ans:

- a. Main Counseling Registration including payment
- b. Exercising of Choices and Locking of choices
- c. Process of Seat Allotment – 1st Round
- d. Round 1 Result Publication
- e. Reporting at the allotted Medical/Dental College against 1st Round (free entry/exit option available).
- f. Publication of net vacant seats
- g. Registration & Fresh Choice submission by eligible candidates for 2nd Round (not required by already registered candidates).

- h. Process of Seat Allotment – 2nd Round (exit with forfeiture of security amount option available).
- i. Round 2 Result Publication
- j. Reporting at the Medical / Dental Colleges /Institutions against 2nd Round (candidates once joined the allotted seat against 2nd Round are not allowed to vacate the seat).

END of 15 % All India Counselling and reverting of Non Joined, Not Allotted seats to state quota.

Mop Up Round for Deemed/ Central Universities

- a. Fresh Registration for Mop up Round (not required for earlier resigned candidates)
- b. Choice Filling/ Choice Locking
- c. Process of Seat Allotment for Mop Up Round.
- d. Result Publication for Mop Up Round
- e. Reporting at the Allotted Medical/ Dental College after Mop Up Round
- f. List of ten times (of the registered candidates) of number of Stray vacancies to be sent to Deemed / Central Universities to be exhausted strictly in order of merit.
- g. Final Stray Vacancy Round to be conducted by Deemed/ Central Universities (There will be no Fresh Registration of Candidates in Final Stray Vacancy Round)

Q. No. 14: Are there any more rounds of Counseling for AIQ/ Deemed/ Central Universities?

Ans: No, as per Hon'ble Supreme Court Order in W.P. No. 76 of 2015 Ashish Ranjan & Ors. Vs. Union of India & Ors. Only two rounds are allowed for All India Quota Counseling.

As per the directions of Hon'ble Supreme Court of India in W.P. (c) 267/2017 DAR-US-SLAM EDUCATIONAL TRUST and Ors. Vs. MEDICAL COUNCIL OF INDIA and Ors. Dated 09.05.2017.

Candidates joined in 2nd round of counselling in 15% All India Quota will not be allowed to vacate seat.

Please note that Registration facility will be available before start of 1st Round on date as notified in Counseling Schedule and Candidates who could not register at beginning of 2nd Round. Candidates who have already registered during 1st Round need not register again. Also, Fresh Registration will be available before mop-up round of the counselling to be conducted by the DGHS.

Q. No. 15: What does exit with forfeiture mean in 2nd round of counselling?

Ans: Exit with forfeiture means if a candidate allotted a seat in 2nd round of counselling and does not want to join the allotted seat he can still exit with forfeiture (losing security amount deposited) and once candidate joined the allotted seat would not be eligible for resigning/surrender of joined seat.

Q. No.16: When will online allotment process for the current year start?

Ans: Online allotment process will start on date as per counseling schedule available on this website.

Q. No. 17: What is the date for commencement of MBBS/BDS session for current year?

Ans: As per revised Medical Council of India (MCI) schedule for admission approved by the Hon'ble Supreme Court, the session of MBBS/BDS course will commence as per Schedule for admission for MBBS Course notified by the MCI. This information will also be hosted on MCC Website.

Q. No. 18: Do I have to report to any counseling centre for registration or choice filling?

Ans: No. Online registration and choice filling can be done from place of convenience (including from home) using internet.

Q. No. 19: Do I require any documents to get registered online?

Ans: You will be required to fill up some of the information that you have given on your application form, that you filled and submitted to Central Board of Secondary Education (CBSE), New Delhi

IMPORTANT

Please keep information that you have furnished on application form confidential, and do not share with anybody as to register for online allotment process and submit choice you need that information. If somebody else uses that information, he/she can misuse your online registration and prevent you from taking part in online allotment process. Keep print out of application form ready for reference with you.

Q. No. 20: What information do I require for online registration?

Ans: Please note that you will be asked to fill some of the information (we are not showing it here for security reasons) that you have given on your application form during online registration for participating in AIPMT, therefore, keep copy of your application form ready for reference.

IMPORTANT

Please note that on registration window of online allotment process, you have to fill in exactly same spelling, numbers etc as you have filled in your application form.

Q. No. 21: How do I get password for logging in?

Ans: During the process of online registration you will generate password as per password policy, which will be shown to you when you register and create password. Candidates are advised to keep the password that they have created, confidential to them till the end of the counseling/admission process. You can change the password after creating. Password is very important for participating in online allotment process. Sharing of password can result in its misuse by somebody else, leading to even exclusion of genuine candidate from online allotment process.

Please also remember your password till end of All India Quota admission process; otherwise you will not be able to participate in counseling/admission process.

Q. No. 22: How much time will I be given to join the allotted college?

Ans: Candidates allotted seats will be required to join the allotted college/course within stipulated time which is mentioned in counseling schedule. However, candidates are advised to join as early as possible and not to wait for last day of joining, due to different schedule of holiday (including local holidays) / working hours in various Medical / Dental Colleges. In some of the colleges/ universities, 2-3 days' time is required to complete admission formalities. Therefore, candidates are advised to contact allotted college immediately after declaration of result of counseling allotment process, to know the details. If candidate fails to join the allotted Medical/Dental College within stipulated time, then the allotted seat will be cancelled.

Please note that under no circumstances date of joining can be extended by the MCC.

Q. No. 23: What documents are required at the time of online counseling?

Ans: Since it is online allotment (Online Counseling) process, no documents will be required for participating in online allotment process during Registration process.

Q. No. 24: What documents are required at the time of Joining/ Reporting in allotted Medical / Dental College?

Ans: Original documents (along with attested photocopies of documents) for admission to undergraduate medical courses for admission to 15% of total seats on All-India basis required at the time of joining in allotted Medical / Dental College are as mentioned below.

- I. Admit Cards of Exam issued by Central Board of Secondary Education (CBSE).
- II. Result/ Rank letter issued by CBSE.
- III. Date of Birth Certificate (if Metric Certificate does not bear the same) (iv) Class 10th Certificate
- IV. Class 10+2 Certificate
- V. Class 10+2 Marks Sheet
- VI. Eight (8) Passport size photograph same as affixed on the application form.
- VII. Provisional allotment letter generated on-line.
- VIII. Proof of identity (Aadhar/ PAN/ Driving Licence/ Passport)
- IX. For NRI/ OCI candidates appearing for Deemed Universities following documents are mandatory:
 - a) Passport copy of sponsorer
 - b) Sponsorship affidavit (stating that sponsorer is ready to bear the expenses for the whole duration of study)
 - c) Relationship Affidavit (Relation of Candidate with the sponsorer)
- X. The Candidate should also bring the following certificate, if applicable:
 - (a) SC/ST Certificate issued by the competent authority (in the standard format as specified in the prospectus/information bulletin) and it should be in English or Hindi in language. Sub caste should be clearly mentioned in the certificate. Some of the States insist for English version of Caste Certificate. In case the certificate is in regional language the candidate should carry a Attested translated copy of the certificate in English/ Hindi.
 - (b) OBC certificate issued by the competent authority. The sub- caste should tally with the Central List of OBC. The OBC candidates should not belong to Creamy Layer to claim OBC reservation benefit. The OBC certificate must be in the standard format as mentioned in the prospectus/ Information Bulletin.
 - (c) Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with Disability Act 2016 (RPWD Act, 2016). (Please see clause 10.1 of Information Bulletin of AIPMT/NEET for admission to MBBS/BDS Courses, published by Central Board of Secondary Education (CBSE) for details). No other PH certificate, issued by any other Authority/Hospital will be entertained.

(Candidates are advised to see college information, of allotted college for, any other document which may be required by the allotted college)

Candidates without original certificates/documents shall not be allowed to take admission in allotted Medical/ Dental College.

Candidates who have deposited their original documents with any other Institute/ College/University and come for admission with a certificate stating that "their original certificates are deposited with the Institute / College / University" will not be allowed to take admission in allotted Medical/Dental College.

Kindly note that there will be no reservation for OBC/ SC/ ST/ PH candidates in Deemed Universities.

Q. No. 25: What are the instructions regarding OBC, SC, ST and PH certificates?

Ans: Please read/ see clause 10.1 of, AIPMT/NEET Information Bulletin for admission to MBBS/BDS Courses, published by Central Board of Secondary Education (CBSE) for details for admission to 15% of total seats on all-India basis carefully. The certificate requirements are mentioned in prospectus on standard format in English or Hindi language (in case of certificate in Hindi language, English translation duly attested must accompany the original certificate).

Candidates are requested to read prospectus and instructions regarding Caste and Physical Handicap (PH) Certificate carefully. In case the candidate fail to produce proper Caste (and PH, if applicable) certificate at allotted Medical/Dental College then he/she will not be permitted to join the allotted Medical / Dental College (allotted seat will be cancelled) and his/her category will be changed, if otherwise eligible for changed category.

For range of disabilities included as per "THE RIGHTS OF PERSONS FOR DISABILITIES ACT 2016" please see Annexure 'A'.

Q. No. 26: From where can I obtain Physical Handicap/Disability (PH) Certificate?

Ans: The qualified Physically Handicapped (PH) candidates having any of the 21 Benchmark Disabilities as per the RPWD Act,2016 should get themselves examined and certified at one of the under mentioned Disability Assessment Boards, constituted at the four metro-cities:

(i) Vardhman Mahavir Medical College & Safdarjung Hospital, Ansari Nagar, (Ring Road), New Delhi-11002.

(ii) All India Institute of Physical Medicine and Rehabilitation, Hazi Ali, Park, K. Khadya Marg, Mahalaxmi, Mumbai-400 034.

(iii) Institute of Post Graduate Medical Education & Research, 244, Archarya J.C. Bose Marg, Kolkata-20.

(iv) Madras Medical College, Park Town, Chennai- 600003.

More centers will be added in due course of time.

The Physically handicapped (PH) candidates are required to carry their treatment papers related to their disability, including the investigation reports, at the time of reporting to the above mentioned designated institute authorized to issue disability certificate.

Q. No. 27: Is it necessary to obtain PH certificate from above mentioned Centers only?

Ans: Yes, the certificate issued by any other hospital/ board will not be accepted. MCC / MoHFW is in process of identifying more centres. It will be put up on website of MoHFW / MCC as and when they are identified.

Q. No. 28: What are the details of disability for claiming advantage under PH category?

Ans: Reservation of seats under PH Category has been increased from 3% to 5% in AIQ/Central Universities and the 21 Benchmark Disabilities as envisaged under the regulations of Rights of Persons with Disabilities Act 2016. For range of disabilities included, please see Annexure 'A'.

Q. No. 29: Is there any restriction for filling up number of choices of Institution (College) (and courses i.e. MBBS and BDS) in choice filling form?

Ans: No, you can give as many choices as you wish during online choice filling. However choices should be in order of candidates' preference. There will be common software for AIQ/ Deemed/ Central Universities for filling up choices.

Q. No. 30: Can I have some idea about the seat I am likely to get at my rank?

Ans: You can have some idea from the following:

A. Please log on to website – from home page go to medical counseling – open Under-Graduate (for previous years) – open composite allotment list. From the information that you will see, you get some idea of pattern in previous year(s). This will only be indicative (without any guarantee for the current year). Opening and Closing rank course and category-wise is also available in Download section of home page of MCC website.

B. From result of Mock Counseling and Indicative Seat Allotment (during the registration period/ during round-1).

Q. No.31: Is it necessary to fill up the choices and lock the choices to get seat allotted? Or I will be allotted seat automatically from leftover seats?

Ans: After online registration (registration is compulsory to take part in online allotment process, before the round -1 during specified registration period), you have to fill in choice of Institutions/colleges/courses in order of your preference. Once choice is filled in, it can be modified before locking it. During the choice locking period, it is necessary to lock the choices to get a print of your submitted choices. If candidate does not lock the choice submitted by him/her, it will be automatically locked at 5.00PM of last date of choice locking.

If you don't register and fill in choices during registration period, you will not be allotted any seat. Please also note that registration will be available once before allotment of round-1, before starting of round-2 and before start of Mop Up Round.

Important:

Don't wait till the last minute to Register and Lock your choices and to take a printout. Please go through your submitted choices before locking, as once you lock the choices they cannot be modified or changed even if you have made a mistake. It may result in allotment of a seat which you never wanted.(Please note that the choices once locked cannot be unlocked even from MCC)

Q. No. 32: Is it necessary to join allotted Medical/Dental College to get chance to participate in next round?

Ans: Candidates are required to join allotted institution/college and complete the admission formalities then only candidate can exercise option to participate in next round(s) and give willingness for Up-gradation at the allotted college, during admission process.

For Round 1 as there is Free Exit & Free Entry candidates can resign from their allotted seat in First Round, if he/ she is not satisfied with the allotted seat and can still participate in Round 2 with original User ID & Password of Round 1.

Candidates who are allotted a seat in Round 1 but do not join are also eligible to participate in Round 2.

Q. No. 33: If a candidate does not report at the allotted college during Round 2 whether he has to register again for Mop Up round of Deemed/ Central Universities?

Ans:- Yes, Candidate security amount will be forfeited and he has to register fresh in Mop Up round with Fresh Payment.

Q. No. 34: If some new Under-graduate seats are created / started (increase in UG seats or in new medical/Dental colleges) after start of online counseling, will these be included and when?

Ans: Newly created/sanctioned seats that could not be included in first round due to non-reporting / late reporting/ reporting after start of first round of online allotment process, will be included in second round (Round-2) on receiving information from participating Medical / Dental Colleges before the start of second round (publication of the seat matrix).

Q. No. 35: Who are eligible for 2nd Round of allotment?

Ans: Candidates eligible for seat allotment in 2nd round would be from one of the following groups:

Group-I: Registered candidates who did not get any seat allotment in the 1st round.

Group-II: Registered candidates who have secured seat under reserved quota & whose 1st round of allotted seat got cancelled during the document verification on reporting for admission will be considered for allotment of seat in the next round of seat allotment, with changed Category, subject to availability of seat in respective category.

Group-III: Candidates who have reported at allotted institute during 1st round of allotment and submitted willingness for second round up-gradation as Yes.

Group-IV: Candidates who have been allotted a seat but Not Joined.

Group V: Candidates who have resigned from the allotted seat of first round.

Q. No. 36: Who are not eligible for 2nd Round of allotment?

Ans: Candidate who has become non eligible due to having inadequate documents as per Eligibility Criteria.

Q. No 37: What is the procedure for Second round (round-2)?

Ans: 2nd round of Counseling:

Fresh set of seats gets added to the system (seats available during round-1), if any, which is due to latest approvals of MCI/DCI (increase in admission capacity of existing Medical/Dental College/ starting of new Medical/Dental college). Further, the conversion of seats is also carried out during the round-2 of seat allotment for AIQ and Mop Up Round for Deemed Universities and accordingly, the candidates are required to be shown all choices (seats available and likely to be available) which are against vacant, newly added seats, virtual vacancies which are likely to get vacated during up-gradation and also during the conversion of seats as per the following algorithm:

ST (PH) -> ST

SC (PH) -> SC

UR (PH) -> UR

OBC (PH) -> OBC

ST -> SC

SC-> UR

The choices of candidates, who have submitted option for participation in the second round during the reporting period for the first round seat allotment, would be initialized (the choices remaining after allotment, submitted before round-1 will stand cancelled), and candidates are required to submit fresh choices online during the time the window is open for the same. Choices which were filled during 1st round of choice filling will be null & void.

All eligible candidates (as shown below) who desire to take part in second round & Mop Up Round of online allotment will have to submit fresh choices during choice submission period and lock the choices during period of locking.

There will not be any indicative allotment in Round-2 of allotment, locked choices of the candidates would be processed and result will be published. Those candidates, who do not submit fresh choices for the round-2 counseling, would not be considered.

Q. No. 38: Will there be any Mock Counseling and indicative allotment in 2nd round & Mop Up round of allotment?

Ans: There will not be any Mock Counseling and indicative seat allotment in 2nd round & Mop-Up Round of allotment.

Q. No. 39: Can a candidate participate in second round without submitting fresh choices (based on choices submitted before round-1)?

Ans: Fresh choice submission by eligible candidates, as mentioned above is necessary for consideration for seat allotment during round-2. If candidate does not submit fresh choice(s) during choice filling period, the candidate will not be considered for allotment of seat during Round-2 and will retain the already allotted (joined) seat, if any.

Q. No. 40: Do I have to fill in choice of College/Course to participate in second round of online allotment process?

Ans: Yes. All candidates who desire to take part in second round will have to submit fresh choices before second round.

Q. No. 41: After I join Second Round of Counseling of 15% AIQ can I leave/ Resign to join State Quota/ Private College seat?

Ans: Once you join second round seat from 15% All India Quota, you will not be allowed to vacate from allotted 2nd round seat as per direction by Hon'ble supreme court in WP(C) (267/2017) dated 09/05/2017. However if you are allotted a seat in Second Round in AIQ/ Deemed you can Exit with Forfeiture of security amount.

Q. No. 42: If I give consent for up-gradation of my choice during first round and if my choice is allotted, is it necessary to join at college allotted during second round? Or in case I change my decision of upgrading choice, can I continue study in college allotted through first round of allotment?

Ans: In case candidate is allotted seat during the second round of allotment process, the seat allotted during the first round will be automatically cancelled immediately (and allotted to somebody else) and candidate will have to join the college/seat allotted during second round after obtaining online generated relieving letter from college allotted in Round-1. If a candidate does not join the college/seat allotted during the second round, within stipulated period, he will forfeit his Fee and will have to register again to participate in Mop-up Round.

Seat can also be up-graded in the same college (same course) by change of category (i.e. ST/SC/OBC to UR) in such a case also the candidate has to take fresh admission on the up-graded seat, as per procedure.

Q. No 43: If I give option to participate in second round at the time of joining college from first round allotment, but later change my decision and want to continue study at already allotted Medical /Dental College, what is the procedure to avoid change (cancellation) of already allotted college/seat?

Ans: If a candidate does not submit fresh choice(s) during the choice submission period before the second round of counseling, such a candidate will retain the already allotted seat. If candidate is not allotted any seat from the submitted choices during the round-2, then also the candidate will retain her/his earlier allotted seat.

Q. No. 44: If I forget my password that I have created during the process of registration, how to retrieve it?

Ans: To retrieve the forgotten password, system facilitates the following process:

The candidate is required to enter the information that he/she filled at the time of registration and then security question & answer thereon to be entered as given during New Candidate registration process. The above data submitted by candidate will be validated with the registered candidate's database. If the above entries match, then only the candidate would be permitted to enter new password to proceed further.

IMPORTANT

Candidates are advised to remember the password, Security question & its chosen answer and also retain their application form printout ready till completion of admission process. It is not possible for MCC to retrieve such password.

Q. No. 45: In case I have Birth Certificate / Caste Certificate/ other certificate(s) in regional language, will it be acceptable at the time of reporting?

Ans: Certificates issued by the competent authority on standard format, should be in English or Hindi language. Please remember that some of the states insist for certificate in English language only. Candidates are advised to carry certified (attested) Copy of English version of the original certificate, in case certificate issued is in other than English language, along with original certificate.

Q. No. 46: If there is discrepancy in spelling of name in documents and application form, what do I do?

Ans: If there is discrepancy in spelling of name in documents, candidate must carry proof that the documents belongs to same person, in the form of an affidavit.

Q. No. 47: Can I get Information Bulletin of AIPMT/NEET published by Central Board of Secondary Education (CBSE) for admission to 15% of total seats on all-India basis?

Ans: Copy of prospectus / information Bulletin is available on CBSE website.

Q. No. 48: What about condition of Stipend / fee structure / course duration / bond amount/rendering of service in rural /tribal area/other conditions applicable in various Colleges/ States.

Ans: MCC collects the college information from the participating States for the benefit of the participating candidates. The same is made available of MCC website under heading of College Information. Candidates are advised to study the same.

Stipend /fee structure/ course duration / bond amount / rendering of service in rural / tribal area/ other conditions etc. may vary from State to State and Institute to Institute. Some seats may be approved/ permitted but not yet recognized by MCI/DCI. The allotment made through online allotment process will be firm and final as per Hon'ble Supreme Court's guidelines. Therefore, the candidates should well examine these points before opting for a seat at a medical college. The Medical Counseling Committee (MCC) shall neither be responsible nor shall entertain any case on above grounds, if any. The information received from various participating Medical / Dental Colleges has been made available on Medical Counseling Committee (MCC) under College Information heading. Candidates are advised to visit the website of college/ institution also to check the information. In case they require any additional information, they can contact the college / institution on telephone.

Q. No. 49: How and when I had to make the payment?

Ans: After registering for fresh registration, payment page appears automatically. Candidate can do online payment by Net Banking / credit card/ debit card only after making the payment as per choice. Only after the successful payment candidate proceed for choice filling.

Q. No. 50: How to use registration and Choice filling form on website?

Ans: Candidates will have to log on to website www.mcc.nic.in (which will be operational shortly) to get registered and then fill in choices. Please study counseling scheme carefully. It is advised that after going through the list of seats available, a tentative list may be prepared first as per your preference of colleges, before attempting to fill choices on-line. Candidates are advised to read and understand user manual for the candidates carefully before registration.

Q. No. 51: Is there any medical college which admits only Girls.

Ans: Yes, at present there are three medical colleges exclusively for Girls, namely Lady Hardinge Medical College, Delhi/ BPS Govt. Medical College, Sonapat, and SVIMS, Sri Padmavati College for Women, Tirupati.

Q. No. 52: Difficulty in login, what may be the problem(s)?

Ans: Please read user manual for the candidates. Follow the instructions about use of browser, use of same spellings, same format of date (Use digits for day, month and year with – in between) as in application form submitted to CBSE, New Delhi. The internet connection should be uninterrupted. If internet connection interruption takes place, the IP address which is being monitored by the Counseling Software, will change and session expired message will be displayed. In such case, please try to login from other computer having uninterrupted internet connection from which other candidate(s) has logged in successfully, if possible.

Q No. 53: I have difficulty in creating Password, what may be the problem(s)?

Ans: Creation of password should be as per password policy. Please follow the password policy. Please use the internet browser as suggested in user manual, as it is difficult to login from some of the other browsers. While creating password avoid using Caps Lock key, instead of Caps Lock key, use shift key.

Q. No. 54: When I try to login for choice filling/ submission, it say wrong roll number/ password, what may be the problem(s)?

Ans: This can happen if roll number typed is incorrect or password typed is incorrect. Password is case sensitive, therefore use password which was created by user exactly same as typed while creating. In case password is forgotten, try to retrieve password by using security question and its answer.

Q. No. 55: What are the guidelines for fresh choice filling before second round of online allotment process?

Ans: Please remember that if any seat is allotted (in round-2) from the choice filled in by the candidate before 2nd Round of Counseling, the seat allotted during 1st round will be automatically cancelled. Therefore, the candidates are advised to fill in choice carefully for seats which are of higher preference than the earlier allotted seat. Candidates are not required to fill up seat which is already allotted to them (already joined), in their choices during Round-2.

Q. No. 56: Can I modify my choices during the period of “Exercising of Choices and Locking” (during first round) and “Fresh Choice submission and locking for 2nd Round”.

Ans: Yes, you can modify, add or delete your choices during this period, before you lock your choices. But once you lock your Choices then you cannot modify. However, the registration (of New Users) is permitted up to specific date as mentioned in Counseling Schedule.

Q. No. 57: If I do not lock my choices up to 5.00 PM of the last date of locking, what will happen to my choices?

Ans: The choices submitted and saved by you will be locked by the system at 5.00 PM of the last date of locking.

Q. No. 58: How can I get print out of my choices which system has locked?

Ans: After 5.00 PM of last date of locking/ after locking of choices by the system, you will be able to take a printout of your submitted choices, during the first, second & Mop Up round of seat allotment and admission. You will also be able to see your locked choices and able to take a print out of the same at allotted Medical / Dental College at the time of admission on request.

Q. No. 59: If I opt to participate in second round of counseling whether my allotted seat (of first round) will be cancelled?

Ans: In case you are not allotted any seat in the second round, you will retain earlier allotted seat. However on allotment of a seat in second round, the earlier allotted seat will automatically be cancelled and allotted to another candidate. Therefore, you are advised to fill in only higher choices or any other choice which you prefer over the earlier allotted seat, for second round.

Q. No. 60: If I get an up-graded seat during second round, can I join that college directly?

Ans: No, you will have to get online generated relieving letter from the earlier institute/ college (from MCC software - will be given by the college authority), before you join the next college / institution. Without such relieving letter candidate will not be permitted to join the seat allotted in round-2. Up-gradation is applicable only those candidates who have joined allotted seat of Ist round and submit willingness for upgradation.

Q. No. 61: If I lock my choices and later I want to modify/ edit my choices, is that be possible?

Ans: Once candidate lock the choices it is not possible to unlock the software from MCC end. Hence, candidate is advised to check all choices before locking.

Q. No. 62: In case I get an upgraded seat but in the same college, because of change of category, (e.g. from SC or ST to UR category) do I have to take admission on the allotted seat again?

Ans: Yes, you have to get a relieving letter generated on-line for the earlier seat and then get an admission letter again generated on-line for the upgraded category seat from the concerned institution; otherwise your seat will be cancelled and allotted to another candidate or surrendered to state quota (in case of second round).

Q. No. 63:- What is the procedure for Mop Up Round Counseling which will be conducted by DGHS for Deemed & Central Universities?

Ans. The net vacant seats due to non joining , non reporting of Round 2 will be published in the seat matrix and eligible candidates have to submit fresh choices and the result will be processed as per Choice & Merit.

Q. No. 64- Who will be eligible for DGHS Mop Up Round for Deemed & Central Universities?

Ans. The Following categories of candidates are eligible for Mop Up Round

- a) Candidates who are registering for the first time.
- b) Candidates who have registered but not been allotted a seat in Round I & Round II.
- c) All candidates except those who are holding a seat of Round I or Round II.

Q. No. 65- Who will not be eligible for Mop Up Round of Counseling for Deemed/ Central Universities?

Ans. Candidates who have joined seat in Round II of Deemed/ Central Universities are not eligible.

Q. No. 66:- What are the various fee to be paid at the time of registration?

Ans:- At the time of registration students have to pay two kinds of fee .

For Deemed Universities

Non Refundable Registration fee :- Rs. 5000/- (same for all candidates)

Refundable Security amount:- Rs. 2,00,000/-

e.g Any candidate opting for Deemed University will have to pay Rs 5000/- Non Refundable fee + Rs 2,00,000/- Refundable security amount at the time of at the time of Registration.

For (15% All India Quota)/ Central Universities (DU, AMU, BHU and Jamia Millia Islamia, Delhi)/AFMS & ESI

Non Refundable Registration fee:- Rs. 1000/- for UR candidates & Rs. 500/- For SC/ ST/ OBC/ PH candidates.

Refundable security amount:- Rs.10,000/- for UR candidates & Rs. 5,000/- for SC/ST/OBC/PH

e.g. any UR candidate opting for Central Universities/ AFMS/ ESI will pay Rs. 1000/-+ Rs. 10,000= Rs. 11,000 at the time of registration.

Any SC/ST/OBC/PH candidate will pay Rs. 500 + Rs.5,000 = Rs. 5,500 at the time of registration.

Q. No. 67:- In case candidate had to apply for both AIQ and for Deemed University should the candidate pay the fee for both?

Ans. No, in such case the candidate has to pay only the higher fee i.e. of Deemed University Rs. 5000/- (counselling/registration) plus Rs 2,00,000/- (security amount).

Q. No. 68:- In what condition security amount will be forfeited?

Ans:- The security fee will be forfeited if the candidate who has been allotted a seat in the second Round and Mop Up Round of DGHS does not join the respective institution during the second round / Mop Up round of counseling conducted by DGHS/MCC. Also the security amount will be forfeited in case the candidate gives wrong information at the time of registration on the basis of which a seat may be allotted and later cancelled by the Admission Authorities at the time of reporting.

Q. No. 69:- Where and when this security amount will be refunded?

Ans: - This fee will be refunded to the institution where the candidate has taken admission and will be adjusted against the first year annual fee. In case, candidate is not allotted any seat in all rounds of counselling including stray vacancy round, the fee will be refunded in the account provided by the candidate at the time of registration. Security fee will be refunded only after the completion of counseling.

Q. No. 70:- What is the schedule for Counseling and Admission to UG Courses for the year 2018?

Ans. As per the schedule uploaded on the Website. (www.mcc.nic.in)

Q. No. 71:- What to do If I by mistake I had opted for Deemed Universities seats when I wanted to opt only for All India Quota (AIQ). How do I correct it?

Ans. There is a reset initialization option at registration page where candidate can reset the previous filled quota choice and fill the particular again and then proceed for registration. This facility is provided only once.

Q. No. 72:- Are Andhra Pradesh & Telangana students eligible for 15 % All India Quota/Deemed Universities/AFMC/ESIC/Central Universities Counselling?

Ans. Yes, from this year onwards candidates from Andhra Pradesh & Telangana can participate in 15% All India Quota/ Deemed Universities/AFMC/ESIC/Central Universities Counselling.

Q. No. 73:- How many rounds of counseling are for Deemed and Central Universities?

Ans. There will be three rounds of counseling for Deemed and Central Universities including one mop-up Round of DGHS followed by Stray Vacancy Round at the Institution Level (List of ten times the number of vacancies will be sent by DGHS to Institutes which would be exhausted strictly in terms of merit). Please see the schedule on the website.

Q. No. 74:- Whether counseling will be conducted for 85% State Quota seats of Central Universities also, and for which universities?

Ans. Yes, counseling for 85% State quota as per the University eligibility condition will be conducted by MCC/ DGHS for Delhi University and domicile preference will be given to the candidates in 85% State Quota.

Please check the Eligibility Conditions for Central Universities/ AFMS/ ESI / Jamia Dental College in Q. No. 5 of FAQs.

Q. No. 75:- Whether Up-gradation is allowed from 2nd round counseling of Deemed/ Central Universities to Mop-up Round counseling of DGHS for Central / Deemed Universities?

Ans. No, Up-gradation is not allowed once a candidate joins a seat allotted in Round II of Deemed/ Central Universities and the candidate will not be allowed to vacate the seat of AIQ. For Deemed the candidate will not be allowed in any further counselling including Stray Vacancy Round of Deemed/ Central Universities.

Q. No. 76 What will be the eligibility criteria for Institutional seats of Central Universities which is being conducted by DGHS?

Ans. The eligibility conditions of the Institutional Quota of the Central Universities will be as per the eligibility given by the respective institutions at the time of counseling and the information will be put on MCC website. Please check Q. No. 5 for Eligibility conditions of Central Universities.

Q. No. 77 Whether there will be two separate counselings for All India Quota and 85% Institutional Quota on separate days and separate platform?

Ans. This time there is common counseling software for Deemed University/ AIQ/ Central Institutional Quota/ ESI. Hence, the candidates of Institutional Quota who are eligible for counseling should opt for the choices in order of preference between AIQ /Institutional / Domicile Quota. The computer will allot the seat in order of choice and merit from the choices filled by the candidate. It is important to note that the preference would be given to the Institutional / Domicile candidates for their eligible institutions as per the Institution's eligibility criteria.

Q. No. 78 I have registered for Round 1. Should I register again for Round 2 & Mop Up Round of DGHS (Central/ Deemed Universities)?

Ans. No, only those candidates who have not registered in Round I need to register.

Q. No. 79: What is the process of counseling for AFMS?

Ans. Candidates who are willing to participate in AFMS screening should register under AFMS at the time of Registration. Further round of Offline counseling will be conducted by AFMS authorities (As per Physical & Personality Test)

Q. No. 80: Who are Eligible for Stray Vacancy Round of Deemed/ Central Universities?

Ans. All Registered Candidates except the following three categories are eligible for Stray Vacancy Round of Deemed/ Central Universities:-

- a) Candidates who joined the allotted seat in Round II of AIQ/ Deemed/ Central Universities.
- b) Candidates allotted a seat in Mop Up Round of DGHS
- c) Candidates joined a seat in Mop Up Round of DGHS.

Q. No. 81: Who are not eligible for Stray Vacancy Round of Deemed Universities?

Ans. Following Candidates are not eligible:-

- a) Candidates who joined the allotted seat in Round II of AIQ/ Deemed/ Central Universities.
- b) Candidates allotted a seat in Mop Up Round of DGHS.
- c) Candidates joined the allotted seat in Mop Up Round of DGHS.
- d) Candidates who have not registered in any of Previous 3 Rounds.

Q. No. 82: Will there be any Fresh Registration for Stray Vacancy Round?

Ans. No, there will be no Fresh Registration. The 10 times vacant seats list of registered candidates will be provided by DGHS to colleges for Stray Vacancy Round as per the direction of Hon'ble Supreme Court directions and as per regulations of MCI.

Q. No. 83: Whether I am eligible for State if allotted a seat in IInd Round of DGHS?

Ans. If a candidate has been allotted a seat in Round II but not reported at the allotted Institute he/she can exit with Forfeiture of Fees i.e. the Refundable security amount will be forfeited. However once the candidate joins a seat allotted in IInd Round (of AIQ/ Deemed University) he/she will not be eligible for exiting the seat and not eligible for any other round of Counseling including State Counseling. The names of such candidates who have joined in Round II of AIQ/ Deemed/ Central Universities may be circulated to all state counseling authorities for prohibiting them to participate in any other counseling.

Q. No. 84: Who are eligible for “Exit with Forfeiture” option?

Ans. Candidate who has been allotted a seat in Round II but does not report at the college may Exit with Forfeiture. (i.e. The refundable security amount will not be refunded in such a case).

- a) Round I joined candidate who has not been Upgraded in Round II may resign his seat allotted in Round I within two days of Round II Result announcement failing which he will be considered as part of joined candidates for Round 2 and rules will apply accordingly and such candidate will be not be allowed.

Q. No. 85: What will happen to the All India Quota (85%) seats of Central Universities remained vacant after the second round of All India Quota Counseling?

Ans. They will be merged with the vacant seats of Institutional Quota and taken up in DGHS Mop Up Round.

Q. No. 86: Who are eligible for NRI Category?

Ans. Candidates who fall under the category of NRI as per the directions/ orders of Hon’ble Supreme Court of India in the case (W.P. (C) No. 689/2017- Consortium of Deemed Universities in Karnataka (CODEUNIK) & Anr. Vs. Union of India & Ors.) dated 22-08- 2017 are eligible for NRI Category.

Q. No. 87: Whether OCI/PIO candidates will be considered as NRI

Ans. Yes.

Q. No. 88: Whether OCI/ PIO/ NRI are eligible for Management Seats of Deemed and 15% AIQ seats?

Ans. Yes.

Q. No. 89: When will the Refundable security amount be refunded if I am eligible as per Refund Policy?

Ans. Refund will be initiated only after completion of all rounds of Counselling.

For qualified Physically Handicapped (PH) candidates

For All India Quota/Central Universities –UG (MBBS/BDS)

Reservation of PWD seats in government medical colleges under 15% All India Quota/Central Universities:

(a) 5% seats are reserved on horizontal basis for differentially abled (PWD) as per “**THE RIGHTS FOR PERSONS WITH DISABILITES ACT 2016**”. Detailed information in this regard is available on the website of the M CC www.mcc.nic.in. Qualified candidates may please note that they are required to produce Disability Certificate from one of the disability assessment boards, constituted at the four metro cities, mentioned below, before scheduled date of online counseling (Candidates are advised not to wait for last date, they must get examination done immediately and get the prescribed certificate to know exact percentage of disability before filling up information in online Registration form):

1. Vardhman Mahavir Medical College and Safdarjung Hospital, Ansari Nagar, Ring Road, New Delhi-110029 (Tel No.011-26190763 & 26163072)
2. All India Institute of Physically Medicine and Rehabilitation, Hazi Ali Park, K. Khadya Marg, Mahalaxmi, Mumbai- 400034 (Tel No.022-23544341)
3. Institute of Post Graduate Medical Education & Research, 244, Acharya J.C. Bose Marg, Kolkata-20 (Tel No.033- 22235181).
4. Madras Medical College, Park Town, Chennai-600003 (Tel No.044 -25305301)

MoHFW/MCC/DGHS is in the process of identifying new centres as inclusion of 21 intellectual disabilities under “**THE RIGHTS FOR PERSONS WITH DISABILITES ACT 2016**”

Disclaimer: Frequently Asked Questions (FAQ's) are only for the guidance purpose. Frequently Asked Questions (FAQ's) are not valid for legal purpose. For any clarification in the FAQ's, candidates are advised to clarify it from MCC/DGH or through MCC/DGHS helpline **1800 102 7637 or 0120-4073500**.

SUBMISSION TO

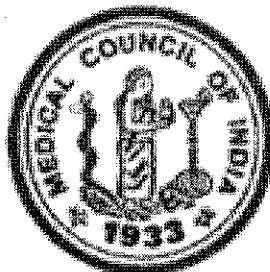
PRESIDENT MEDICAL COUNCIL OF INDIA

OF THE COMPREHENSIVE REPORT REGARDING

GUIDELINES FOR ADMISSION OF PERSON WITH

SPECIFIED DISABILITIES

THE MEDICAL COUNCIL OF INDIA



IN PURSUANCE OF THE COMMUNICATION FROM

MINISTRY OF HEALTH AND FAMILY WELFARE

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I. PROLOGUE OF THE REPORT

The issue of pursuance of Medical Education by physically challenged persons is a herculean endeavor as it entails balancing the conflicting interest between the right of physically challenged persons to pursue education of his choice and the societal pressure that such person may face along with the strenuous requirement of the medical profession. After a long debate, the Council in 2009 decided to incorporate a provision in its Graduate and Postgraduate Medical Education Regulations reserving 3% of the sanctioned annual intake capacity to be filled by persons with locomotor disability of lower limb within the prescribed limits.

Subsequently, in response to an order from the Court of Chief Commissioner of Disabilities, Ministry of Social Justice & Empowerment, Govt. of India the Council had constituted a Committee comprising Chairperson: Dr. Ved Prakash Mishra, Chairman, Academic Committee; Members Dr. Arun Aggarwal, Professor of ENT, Maulana Azad Medical College, New Delhi; Dr. Radhika Tandon, Professor of Ophthalmology, AIIMS, New Delhi; and Dr. P.P. Kotwal, Professor of Orthopaedics, AIIMS, New Delhi. This Committee after extensive deliberations keeping in view the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and the requirement of medical education formulated certain proposals. The proposal formulated by the above Committee was granted approval by the General Body of Council in its meeting held on 1st October, 2015. Accordingly, amendments to the existing regulation were formulated and sent for prior approval to the Ministry of Health and Family Welfare (MOHFW), Govt. of India. These proposals in nutshell pertain to auditory and visual disabilities were considered. Professionally a MBBS graduate should be in a position to dispense competencies expected out of her/him; especially the core undergraduate competencies and the competencies under supervision in rotatory internship that are clearly stipulated in Graduate Medical Education Regulation, 1997 (GMER-1997). The ability of a Physically Challenged person to accomplish each of these competencies was worked out on the basis of which a conclusion was drawn and that conclusion was recommended for incorporation in the regulation. The recommendations worked out were as follows:

Taking into consideration the relevant details, analogy and observations that have been brought out by the Learned Expert Members on the issue at end the Committee is pleased to recommend as under:-

A. Upper Limb Disability: *In view of the listed competencies that can be either not completely acquired or partially acquired by a person with upper limb disability a provision be incorporated in the Graduate Medical Education Regulations 1997 that persons with upper limb disability are not entitled to pursue Graduate Medical Education.*

B. Lower Limb Disability: *Although a person with lower limb disability cannot acquire 4 out of 6 specific objectives of internship, however, as he is able to acquire discipline-wise competencies, hence a person with disability of lower limb can pursue medical education. However, the existing provision in Graduate Medical Education Regulation, 1997 is appropriate and does not require any revision. As such, as the determination of disability under the PWD Act is organic hence the reduction of disability with prosthetics cannot be considered to be a ground for persons with disability above 70% to be eligible to pursue Graduate Medical Education.*

C. Auditory Disability: *In view of the competencies that cannot be completely or partially acquired by a person with auditory disability a provision be incorporated in the Graduate Medical Education Regulations 1997 that persons with auditory disability are not entitled to pursue Graduate Medical Education.*

D. Visual Disability: *By a suitable provision, it be incorporated in the Graduate Medical Education to the effect that a person with category I visual disability shall not be eligible to pursue Graduate Medical Education.*

The proposals so forwarded to the MOHFW have till date not been approved by the competent authorities of Govt. of India.

Meanwhile, the Govt. of India had in order to give effect to "the United Nations Convention on the Rights of Persons with Disabilities and for matters connected therewith or incidental thereto" enacted "The Rights of Persons with Disabilities Act, 2016". This Act was notified in the official Gazette on 28.12.2016 and it is understood that the Act has come in force from April, 2017. This Act has been made by the Parliament for the empowerment of persons with disabilities and is based upon the following principles:

"....

- (a) *respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*
- (b) *non-discrimination;*
- (c) *full and effective participation and inclusion in society;*
- (d) *respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;*
- (e) *equality of opportunity;*
- (f) *accessibility;*
- (g) *equality between men and women;*
- (h) *respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities;*

....."

Meanwhile, the Hon'ble Supreme Court in its judgment dated 23.03.2017 in the case of *Pranay Kumar Podder vs. State of Tripura and others* directed the MCI to constitute a Committee of Experts to examine the issue regarding pursuance of medical education by persons affected with color blindness. Accordingly, the Council constituted a Committee comprising Chairperson: DrVed Prakash Mishra, Chairman, Academic Committee; Members : Dr. RadhikaTandon, Professor, Dept. of Ophthalmology, AIIMS, New Delhi; Dr. Nilesh Parekh, Prof. & HOD: Dept. of Ophthalmology, Govt. Medical College, Bhavnagar, Gujarat; Dr. AshutoshHalder, Prof.& HOD, Dept. of Reproductive Biology, AIIMS, New Delhi; Dr. AvinashSupe, Director (ME & MH), Municipal Corp. of Greater Mumbai & Prof. of G I Surgery & Medical Education : Seth GS Medical College KEM Hosp., Mumbai; Dr. SubhoChakrabarti, Professor, Dept. of Psychiatry, Post Graduate Institute of Medical Sciences, Chandigarh; Mr. K. V. Vishwanathan, Amicus Curiae, Senior Advocate, Supreme Court of India & Former Addl. Solicitor General of India; Dr.Rajendra Wabale, Joint Secretary, MCI; Mr. Shoeb Alam, Advocate on Record, Supreme Court of India & Mr. ShikharRanjan, Law Officer, MCI. Thus, the competent authorities of the Council were required to take a decision on the report of the Committee on Color blindness and permissibility of persons with color blindness to pursue medical education. The Committee after extensive deliberations finalized its report and recommended as follows:

"By a suitable provision, it be incorporated in the Graduate Medical Education to the effect that a person with visual disability of category I and above shall not be eligible to pursue Graduate Medical Education. In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted."

The report with above recommendation was placed before the Hon'ble Supreme Court.

The Council had in view of the Rights of Persons with Disabilities Act, 2016 coming into force and the communication received from MOHFW decided to constitute a Committee comprising Chairperson: Dr. Ved Prakash Mishra, Convener, Chairperson Academic Committee; Members: Dr. Sanjay Wadhwa, Professor of Physical Medicine & Rehabilitation, AIIMS, New Delhi; Dr. Radhika Tandon, Professor of Ophthalmology, AIIMS, New Delhi and Dr. Achal Gulati, Professor of ENT and Principal of Dr. BabaSaheb Ambedkar Medical College & Hospital, New Delhi. This committee had held deliberations and in its preliminary report had made certain recommendations regarding pursuance of medical education by persons with auditory disability; visual disability; locomotor disability.

The Committee in its final meeting on 06.09.2017 was apprised of certain orders passed by the Hon'ble Supreme Court in Writ Petition(s)(Civil) No(s). 620/2017 Sruichi Rathore versus Union of India and Others dated 11.08.2017 wherein the Hon'ble Supreme Court had inter-alia observed as under:

"... We are disposed to think so because the 2016 Act, as we perceive, is a legislation of great welfare measures and it is the duty of everyone to see that the provisions are carried out with quite promptitude."

Further, the Committee was also apprised about two other cases relating to the admission in MBBS on the basis of the Rights of Persons with Disabilities Act, 2016, namely – W.P. No. (C) 6970/2017 – *Devrrat Purang vs. Union of India & Ors.* and W.P. (C) No. 7505/2017 – *Digant Jain Vs. Guru Gobind Singh Indraprastha University & Ors.* pending before the Hon'ble High Court of Delhi.

Therefore, the Committee in view of legislative developments and judicial pronouncement deemed it appropriate to revisit its Comprehensive Report and Recommendations thereof. It recommended that the scope of the report has to be made in consonance with the statutory mandate and has accordingly proposed for incorporation of appropriate amendment in Graduate and Postgraduate Medical Education Regulations to give effect to admissions for the persons with benchmark disabilities specified under The Rights of Persons with Disabilities Act, 2016.

The recommendation of the Disability Committee along with comprehensive report was placed before the Competent Authorities of the Council for further consideration. The report was placed before the Executive Committee on 25.10.2017. The Executive Committee decided as follows:

"The Executive Committee of the Council approved the report of the Sub-Committee, the operative part of which reads as under:-

"Conclusion: In the effort of making an enabling provision, Locomotor Disabilities which was absolutely a standalone mechanism became a Locomotor Disabilities basket with lower limb, upper limb and spine, suggestive of a right direction adopted

by the Committee. In case of lower limb we considered the functionality point of view and therefore while prescribing, we have taken an advanced stage of upto 80% disability for permissibility with an inbuilt segregation within the prescribed range of 40-80% for the purpose of priority in admission. In case of spine and upper limb we have reduced and narrowed down the range from the point of view of dexterity and functionality, therefore a range of 40-60% is prescribed in case of both, with a priority in reservation to those between 51-60% and in case seat remain vacant, the benefit gets extended to those with disability of 40-50%, likewise for lower limb." The Executive Committee directed to place the report before the General Body of the Council."

Thereafter the matter was sent to General body of the Council in the meeting dated 31.10.2017. The General Body decided as follows:

The Council approved the following recommendation of the Executive Committee:

"The Executive Committee of the Council approved the report of the Sub-Committee, the operative part of which reads as under:-

...."Conclusion

Taking into consideration the above court orders and the statutory mandate of the Right for Persons with Disabilities Act, 2016, the Committee is of considered view that whatever is stipulated in the 2016 Act has to be converted into our recommendations to be incorporated in the regulations pertaining to the admissions to disability quota. The Committee has for incorporation of the various facets related to disability already prepared its report. However keeping in view the judicial pronouncements the scope of the said report has to be made in consonance with the statutory mandate.

Amendment Proposed in

A) REGULATIONS ON GRADUATE MEDICAL EDUCATION, 1997

- 1) In order to be eligible, the upper age limit for candidates appearing for National Eligibility Entrance Test and seeking admission to MBBS programme shall be 25 years on or before 31st December of year of examination with a relaxation of 5 years for candidates belonging to SC/ST/OBC category and persons with benchmark disabilities entitled for reservation under the Rights of Persons with Disabilities Act, 2016.*
- 2) In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks in qualifying examination in Physics, Chemistry and Biology (or Botany and Zoology)/Biotechnology taken together in qualifying examination shall be 45% instead of 50%.*
- 3) In order to be eligible for admission to MBBS course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the 'National Eligibility-cum-Entrance Test to MBBS course' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Schedules Tribes, and Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile.*

- 4) 5% seats of the annual sanctioned intake capacity shall be filled up by candidates with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016, based on the merit list of 'National Eligibility-cum-Entrance Test'.

B) POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000

- 1) In order to be eligible for admission to Postgraduate Course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the 'National Eligibility-Cum-Entrance Test for Postgraduate Courses' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, and Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile.
- 2) 5% seats of the annual sanctioned intake capacity shall be filled up by persons with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016, based on the merit list of 'National EligibilityCum-Entrance Test' for admission to Postgraduate Medical Courses.

The amendment so approved in Graduate Medical Education Regulation, 1997 and Postgraduate Medical Education Regulation, 2000 were sent to Ministry of Health & Family Welfare. Accordingly, amendment have been made in the Graduate Medical Education Regulation, 1997 on 23.01.2018 and Postgraduate Medical Education Regulation, 2000 on 05.04.2018

The Council has now received a letter dated 2nd May 2018 of the Ministry of Health and Family Welfare requesting the council to send its recommendation related to upper percentage limit for all 21 categories of persons with Disability.

The matter was placed before the Chairman of the Disability Committee who recommended co-opting Experts from the fields related to the specified disabilities for which recommendation are sought for. Thus three experts as follows have been co-opted for expanding the present disability committee.

1. Intellectual Disability and Mental Disorders – Expert Psychiatrist.
2. Disability caused due to Chronic Neurological Conditions – Expert Neurologist.
3. Disability due to Blood disorders – Expert Clinical Haematologist

The suggested names of the Experts for Disability Committee are as under:

1. In Neurology : Dr.Achal Kumar Srivastava (Professor, AIIMS)
2. In Clinical Hematology :Dr.Tulika Seth (Professor, AIIMS)
3. In Psychiatry :Dr. Rajesh Sagar (Professor, AIIMS)

Above names were approved by the President, Medical Council of India. The Expanded Committee on Disability comprised of the following members.

| S.No | Designation | Name and Address |
|------|-----------------|---|
| 1. | Convener | Dr.Ved Prakash Mishra, Chairman, Academic Committee, Medical Council of India, New Delhi. |
| 2. | Member – Expert | Dr. Sanjay Wadhwa, Professor, Dept. of Physical |

| | | |
|----|-------------------------------------|--|
| | Physical Medicine & Rehabilitation | Medicine and Rehabilitation, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. |
| 3. | Member – Expert Otorhinolaryngology | Dr.Achal Gulati, Dean, Dr.BabasahebAmbedkar Medical College, Rohini, Delhi. |
| 4. | Member - Expert Ophthalmology | Dr.RadhikaTandon, Professor, Dept. of Ophthalmology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. |
| 5. | Member – Expert Psychiatry | Dr. Rajesh Sagar, Prof., Dept. of Pyschiatry, All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110029. |
| 6. | Member – Expert Neurology | Dr.Achal Kumar Srivastava, Prof., Dept. of Neurology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110029. |
| 7. | Member – Expert Clinical Hematology | Dr.Tulika Seth, Prof., Dept. of Hematology All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110029. |
| 8. | Member secretary | Dr.Rajendra Wabale, Joint Secretary, Medical Council of India, New Delhi. |

Expanded Committee on Disability had thus undertaken a task of crystallization of recommendations regarding specified disabilities contained in the schedule appended to the RPWD Act 2016. The primary endeavor of the Committee shall be to elaborate on the permissible range of the disability for the purposes of reservation contemplated at Section 32(1) and Section 32(2). In order to implement the RPWD act 2016 in letter and spirit, the operational guideline for in principle execution and actualization of the provision of the act needs to put in place.

II. RECOMMENDATION OF EXPERT PHYSICAL MEDICINE & REHABILITATION ON LOCOMOTOR AND RELATED DISABILITIES

For admission to Medical Courses, the candidate should have benchmark disability (40%) as certified by a valid duly constituted Medical Board.

Although % of disability as certified by a duly constituted Medical Board is a very important criteria, it is equally important to consider whether the candidate has sufficient ability to pursue and complete the various Sections of the Medical course satisfactorily and without any significant risk to the candidate or the patient(s). This ability may be assessed with the appropriate assistive device such as an artificial limb (prosthesis) already being used by the candidate.

Disability may be of a single category such as locomotor disability (including Leprosy cured person, Cerebral Palsy, Dwarfism, Muscular Dystrophy, Acid Attack Victims) or multiple, as per the Schedule of RPwD Act 2016.

Presence of significant Locomotor Disability with or without any other significant disability such as Visual or hearing-speech or learning etc. which will make it very difficult for the candidate to pursue and complete the course satisfactorily and may significantly increase the risk to the candidate or the patient(s) – may be declared NOT ELIGIBLE for admission.

If single category disability, such as Locomotor Disability (including Cerebral Palsy, Leprosy Cured, Dwarfism, Acid Attack Victims, Muscular Dystrophy), candidates having extent of disability 40% to 80% only may be ELIGIBLE for consideration of admission.

Candidates having more than 80% disability may be declared NOT ELIGIBLE for admission to Medical Courses.

Candidates having locomotor disability in relation to lower limb(s) may be considered ELIGIBLE.

Candidates having locomotor disability in relation to spine may be considered ELIGIBLE.

There will be NO BLANKET BAN on consideration of Candidates having locomotor disability in relation to upper limbs, but only those candidates having involvement of upper limbs in such a manner that

- i) the Non-Dominant upper limb is involved with mild weakness, shortening, deformity etc., but the hand is structurally intact, mobile (not stiff) and functional, sensations are preserved, condition is painless, and non-progressive in nature may be considered as ELIGIBLE;
- ii) the dominant upper limb is NOT INVOLVED and is structurally intact, mobile (not stiff) as well as normally functional may be considered as ELIGIBLE.

- iii) a candidate with loss of a digit or stiffness/deformity in non-dominant upper extremity but intact, mobile and functional thumb with preserved sensations may be considered as ELIGIBLE.

Candidates with following locomotor disability are NOT ELIGIBLE for consideration for admission to Medical Courses when there is:

- i) Involvement of whole body;
- ii) Involvement of three limbs in any combination (both lower limbs + one lower limb OR one lower limb + both upper limbs);
- iii) Involvement of both upper limbs;
- iv) Extent of locomotor disability more than 80%;
- v) Involvement of both lower limbs of such an extent that the candidate is unable to sit, stand, walk, and/or bend due to significant pain, stiffness, weakness, deformity etc..
- vi) Involvement of a single upper limb which is the DOMINANT UPPER LIMB (which is right upper limb in a majority of persons) to an extent that the candidate has loss of thumb, cannot hold an object satisfactorily, has significant weakness/ deformity/ stiffness of joints, or the limb is lacking normal sensations.
- vii) Involvement of SPINE with weakness and/or deformity to such an extent that the candidate is unable to sit steadily for long duration, and/or has significant pain, and/or cardio-respiratory compromise etc.

In case of Leprosy cured persons as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of involvement of Eyes, and extent of involvement of Hands.

In case of Cerebral Palsy affected persons as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of involvement as per GMFCS and as per MACS. Also it is very important to consider presence and extent of associated problems such as vision, IQ, speech-language involvement etc.

In case of persons with Dwarfism as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of shortening, and presence of associated restriction of movements of joints of limb(s) and/or spine.

In case of persons with Muscular Dystrophy as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of weakness, and presence as well as severity of spinal deformity (scoliosis), contracture, cardiac involvement etc. Generally, muscular dystrophy is a condition with progressive weakness of muscles.



In case of Acid Attack Victims as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of involvement of Eyes, Eye-lids, Hands, Wrist, mouth etc.

General recommendations regarding the above mentioned specified disabilities (Leprosy cured person, Cerebral Palsy, Dwarfism, Muscular Dystrophy, Acid Attack Victims) included in the Locomotor Disability are the same as mentioned above.

What is the permissible disability for the purpose of reservation under physically challenged quota?

For reservation under physically challenged quota:

Candidates with locomotor disability of 40-80% may be considered eligible, and

- Candidates with more than 80% disability – NOT ELIGIBLE for reservation;
- Candidates with a disability in the range of 71-80% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 61-70% disabilities.
- Candidates with a disability in the range of 61-70% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 51-60% disabilities.
- Candidates with a disability in the range of 51-60% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 40-50% disabilities.

Candidates with less than 40% disability – NOT ELIGIBLE for reservation.



III. RECOMMENDATION OF EXPERT OPHTHALMOLOGIST ON VISUAL IMPAIRMENT

As requested the Comprehensive Recommendation is transposed in compliance with the new nomenclature introduced in Gazette Notification of Rules dated January 5, 2018 pertaining to Person with Disabilities Act 2016

Visual Disability

A person with visual disability of 40% or more (category III or greater) shall not be eligible to pursue Graduate Medical Education. Persons with visual disability of less than 40% , namely 10% (Category 0), 20% (Category I) and 30% (category II) are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of visual impairment is less than the benchmark definition of Low Vision.

In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted.

References

1. Previous recommendation (Comprehensive Recommendation, MCI)

B. Visual Disability

By a suitable provision, it be incorporated in the Graduate Medical Education to the effect that a person with category I visual disability shall not be eligible to pursue Graduate Medical Education.

In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted.

2. Nomenclature or definition or classification system for visual impairment/blindness/low vision has been redefined and changed in new Disabilities act by Gazette notification. Category I is now Categorized as IIIb. Keeping the context and technical recommendation unchanged, only the current revised nomenclature has been substituted with clear mention of percentage for cut offs as requested

Scan 1 is old system

Scan 2 is new system

Justification and Reasoning remains unchanged as per the MCI recommendation namely the person with visual disability equal to or higher than the benchmark visual disability will not be able to satisfactorily acquire the skills and knowledge required in pursuit of Graduate Medical Education and will not be able to fulfill the necessary basic essential duties of a doctor in various domains as prescribed by MCI.

SCAN 1 – BASIS FOR OLD RECOMMENDATIONS

VISUAL IMPAIRMENT DISABILITY CATEGORIES BASED ON ITS SEVERITY AND PROPOSED DISABILITY PERCENTAGE AS PER GOVERNMENT OF INDIA NORMS
(Website reference) : www.socialjustice.nic.in, pbhealth.gov.in

| Category | Best Corrected Better eye R.L. | Visual Acuity Worse eye R.L. | Percentage Impairment |
|------------------|--------------------------------|------------------------------|-----------------------|
| Cat. I | 6/9 - 6/18 | 6/36 to 6/36 | 20% |
| Cat. I | 6/18-6/36 | 6/60 to Nil | 40% |
| Cat. II | 6/60-4/60 | 3/60 to Nil | 75% |
| or | | | |
| Field of Vision | | | |
| 10° - 20° | | | |
| Cat. III | 3/60 to 1/60 | | |
| or | | | |
| Field of Vision | | | |
| <10° | | | |
| Cat. IV | E.C. at I.R. to Nil | E.C. at I.R. to Nil | 100% |
| or | | | |
| Field of Vision | | | |
| <10° | | | |
| One eyed persons | 6/6 | E.C. at I.R. to Nil | 30% |

SCAN 2 – BASIS FOR NEW RECOMMENDATIONS

19.1. Definition - Visual Impairment
The "blindness" means a condition where a person having any of the following conditions, and best correction—
(a) total absence of sight, or
(b) visual acuity less than 3/60 or less than 10/360 (whichever is less) in the better eye with best possible correction, or
(c) limitation of the field of vision subtending an angle of less than 30 degrees;
(d) loss of sight means a condition where a person has any of the following conditions, namely:
(i) visual acuity not exceeding 3/18 or less than 20/60 upto 20/90 or upto 10/225 in the better eye with best possible correction, or
(ii) limitation of the field of vision subtending an angle of less than 30 degrees up to 10 degrees.

19.2. Nature of Certificate:
The medical authority will decide whether disability certificate should be temporary or permanent. The disability shall be permanent to be certified. The certificate can be temporary if condition is likely to worsen and also for specific purposes such as for pursuing education. The need of re-assessment, if required, should be clearly mentioned in the certificate with time frame. In certain cases such as keratoconus, developmental defects, operated congenital cataract with corneal decompensation, operated congenital glaucoma with high intra-ocular pressure, etc., the patient especially can be issued a temporary certificate.

19.3. Visual Impairment - Certification Criteria and Gradation
The assessment should be done after best possible correction (medical, surgical or optical corrected spectacle). The certificate holder shall circle the vision status and the Percentage Impairment and mark the Disability category accordingly as under:

| Better eye Best Corrected | Worse Eye Best Corrected | Percent Impairment | Disability category |
|---|---|--------------------|------------------------|
| 6/9 to 6/18 | 6/6 to 6/18 | 10% | I |
| | 6/24 to 6/60 | 10% | II |
| | Less than 6/60 to 3/60 | 20% | III |
| | Less than 3/60 No Light Perception | 30% | III or one eyed person |
| 6/24 to 6/60 | 6/24 to 6/60 | 40% | III or flow vision |
| | Less than 6/60 to 3/60 | 50% | III or flow vision |
| | Less than 3/60 to No Light Perception | 60% | III or flow vision |
| Less than 6/60 to 3/60 | Less than 6/60 to 3/60 | 70% | III or flow vision |
| Or | Less than 3/60 to No Light Perception | 80% | III or flow vision |
| Visual field less than 20 up to 10 degree around centre of fixation | | | |
| Or | Less than 3/60 to 1/30 | 90% | IV or blindness |
| Visual field less than 10 degree around centre of fixation | | | |
| Or | Only HMCP | 100% | IV or blindness |
| Only Light Perception, No Light Perception | Only HMCP, Only Light Perception, No Light Perception | | |

For visual acuity the line should be read completely, in case of partial line read one line below that line should be taken for visual acuity.

19.4. Medical Authority:
The medical authority shall comprise of one ophthalmologist and certificate of disability shall be countersigned by Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other competent authority as notified by the Government.

However, it is pertinent to note that inclusion in Scan 2 are in vogue as of now.

Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016



Source: The Gazette of India, Extraordinary, No. 61, Part II - Section 3
 Sub-section (1), Power January 5, 2018 / PAFSHA 15, 1120

Ministry of Health and Family Welfare
 Government of India
 New Delhi-110002

VISUAL IMPAIRMENT

Left Eye Vision (Best Corrected Visual Acuity (BCVA)):

| | 6/6 to 6/18 | 6/24 | 6/36 | 6/60 | 3/60 | 2/60 | 1/60 | HMCF to PL- |
|---|-------------|------|------|------|------|------|------|-------------|
| Right Eye Vision (Best Corrected Visual Acuity (BCVA)): | 6/6 to 6/18 | 0% | 10% | 10% | 10% | 20% | 30% | 30% |
| 6/24 | 10% | 40% | 40% | 40% | 50% | 60% | 60% | 60% |
| 6/36 | 10% | 40% | 40% | 40% | 50% | 60% | 60% | 60% |
| 6/60 | 10% | 40% | 40% | 40% | 50% | 60% | 60% | 60% |
| 3/60 | 20% | 50% | 50% | 50% | 70% | 80% | 80% | 80% |
| 2/60 | 30% | 60% | 60% | 60% | 80% | 90% | 90% | 90% |
| 1/60 | 30% | 60% | 60% | 60% | 80% | 90% | 90% | 90% |
| HMCF to PL- | 30% | 60% | 60% | 60% | 80% | 90% | 90% | 100% |

- Yellow- Right eye is Better eye - Brown- Left eye is better eye
- Percent disability is marked inside the box corresponding to the visual acuity for both eyes

Field of Vision around centre of fixation

Left Eye

| | <40° to 20° | <20° to 10° | <10° | |
|-------------|-------------|-------------|------|-----|
| Right Eye | <40° to 20° | 40% | 50% | 60% |
| <20° to 10° | 50% | 70% | 80% | |
| <10° | 60% | 80% | 100% | |

- Yellow- Right eye is Better eye - Brown- Left eye is better eye (only better eye Fields to be taken in to account for determining the %)

Dr. DP Centre for Ophthalmic Sciences

IV. RECOMMENDATION OF EXPERT ON IMPAIRMENT OF HEARING & SPEECH

Auditory Disability

In view of the competencies that cannot be completely or partially acquired by a person with auditory disability, a provision be incorporated in the Graduate Medical Education Regulations that persons with auditory disability greater than the set bench mark of 40% are not entitled to pursue Graduate Medical Education.

Persons with hearing disability of less than 40%, are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of hearing impairment is less than the benchmark definition of hearing impaired.

Justification and Reasoning remains unchanged as per the MCI recommendation, namely the person with hearing disability equal to or higher than the benchmark hearing disability will not be able to satisfactorily acquire the skills and knowledge required in pursuit of Graduate Medical Education and will not be able to fulfill the necessary basic essential duties of a doctor in various domains as prescribed by MCI.

A table to calculate the percentage loss of hearing...as published in the:

THE GAZETTE OF INDIA : EXTRAORDINARY

**EXTRAORDINARY PART II—Section 3—Sub-section (ii) PUBLISHED BY
AUTHORITY- 61**

NEW DELHI, FRIDAY, JANUARY 5, 2018/PAUSHA 15, 1939

**Guidelines for the purpose of assessing the extent of specified disability in a person
included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)**

Computation of Percentage of Hearing Disability:

(a) Monaural Percentage of Hearing Disability

(i) Calculate Pure tone average of ACT for 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz for Right Ear and Left ear separately (whenever there is no response at any frequency ACT is to be considered as 95dB).

(ii) Monaural percentage of hearing disability is to be calculated as per the ready reckoner given below separately for Right Ear and Left Ear.

| Monoaural Pure Tone Audiometry in dB | % of disability | Monoaural Pure Tone Audiometry in dB | % of disability |
|--------------------------------------|-----------------|--------------------------------------|-----------------|
| 0-25 | 0 | 61 | 41.71 |
| 26 | 1 | 62 | 43.42 |

| | | | |
|----|----|----|-------|
| 27 | 1 | 63 | 45.13 |
| 28 | 1 | 64 | 46.84 |
| 29 | 1 | 65 | 48.55 |
| 30 | 1 | 66 | 50.26 |
| 31 | 1 | 67 | 51.97 |
| 32 | 1 | 68 | 53.68 |
| 33 | 1 | 69 | 55.39 |
| 34 | 2 | 70 | 57.1 |
| 35 | 3 | 71 | 58.81 |
| 36 | 4 | 72 | 60.52 |
| 37 | 5 | 73 | 62.23 |
| 38 | 6 | 74 | 63.94 |
| 39 | 7 | 75 | 65.65 |
| 40 | 8 | 76 | 67.36 |
| 41 | 9 | 77 | 69.07 |
| 42 | 10 | 78 | 70.78 |
| 43 | 11 | 79 | 72.49 |
| 44 | 12 | 80 | 74.2 |
| 45 | 13 | 81 | 75.91 |
| 46 | 14 | 82 | 77.62 |
| 47 | 15 | 83 | 79.33 |
| 48 | 16 | 84 | 81.04 |
| 49 | 17 | 85 | 82.75 |
| 50 | 18 | 86 | 84.46 |
| 51 | 19 | 87 | 86.17 |
| 52 | 20 | 88 | 87.88 |
| 53 | 21 | 89 | 89.59 |
| 54 | 22 | 90 | 91.3 |
| 55 | 23 | 91 | 93.01 |
| 56 | 24 | 92 | 94.72 |
| 57 | 25 | 93 | 96.43 |
| 58 | 26 | 94 | 98.14 |
| 59 | 27 | 95 | 100 |
| 60 | 40 | | |

Percentage of Hearing Disability =

(Better ear % of hearing disability X 5) + (Poorer ear % of hearing disability)

6

V. RECOMMENDATION OF EXPERT PYSCHIATRIST ON INTELLECTUAL DISABILITY AND MENTAL BEHAVIOUR

Introduction

Knowledge, skills, abilities and attitudes are required for Bachelor of Medicine and Bachelor of Surgery (MBBS). In other words, higher mental process is necessary to adjust and succeed in medical courses. Individual with Specific learning disabilities (SLD), Autism spectrum disorders (ASD) and Mental illness are different from individuals who have Physical disability (e.g. locomotor disability, visual impairment, hearing impairment and speech and language disorders). These individuals may have problem with intelligence, information processing ability, cognitive functions, social behavior, communication and psychological ability and skills.

On the other hand, Institute/universities encourage applications from candidates with SLD, ASD and mental illness. All applications are considered according to the RPWD Equal Opportunities Policy. The Medical institute endeavor to make reasonable adjustments for candidates with a disability (SLD, ASD and mental illness). However, it must ensure that all candidates are able to meet the core learning outcomes and competencies of the course, and are able to practice as a doctor on completion of the course (same guideline followed by **University of Leicester, School of Medicine, UK**).

COMPLEXITIES AND CHALLENGES IN MENTAL HEALTH DISABILITY

There are few situations or important points that should be considered before considering admission of a candidate with SLD, ASD and mental illness

- 1. Lack of objective criteria:** There is lack of objective criteria for mental and behavior disorders unlike other disease and benchmark disabilities, hence assessing disability in these disorders becomes very challenging. These mental and behavior disorders have variability in symptoms and manifestation and are spread over mild to severe conditions. Disability is more obvious and disabling in presence of co morbidities such as intellectual disability, personality disorders or other severe mental disorders.
- 2. Lack of quantification scales/test:** For few mental disorders and ASD, scales to quantify disability are available such as IDEAS (Schizophrenia, OCD, Bipolar disorders and dementia) and ISAA (ASD). However, tests or scales to quantify disability in SLD are not available till date that makes certification highly difficult. The use of the certificate for deserving students is righteous but subjective quantification of disability is a big issue.
- 3. Lack of Appropriateness of available scales:** The approved scale for assessment of disability for mental illness by the Government of India is Indian Disability Evaluation Assessment Scale (IDEAS) which is primarily used for certification of disability. It was not validated or used for the purpose of admission in medical college. Hence, the appropriateness of this available scale for admission purpose is doubtful. Moreover, it is mentioned that the disability is valid for 5 years for person below 18 years.

4. **Abuse of certificate:** It has been demonstrated that there is no definitive method of ruling out the willful production of symptoms of mental illness (Bass & Halligan, 2014). A clinical interview remains the current gold standard for diagnosis of mental illnesses. This method lends itself to both subjective variation on the part of the psychiatrist, as well as the lack of an ability to verify whatever information is being presented by the patient. This then predisposes this category of disability to be misused by those with an unscrupulous intent of obtaining admission by unfair means.

For getting benefits of disability certificates, sometime family members play foul with the symptoms of mental and behavior disorders especially in SLD and ASD. Gradually, demands for SLD and ASD certificate has increased out of proportion. Parents and teachers both want to avail advantages of the SLD and ASD certificates, irrespective of the child's level of disability. Some parents demand for SLD or ASD certificate even when the child has dull average intelligence. Many cases were reported in clinical settings where child and his/her parents complained about false symptoms of SLD and ASD, so that they can get certificates and can send the child to professional courses by using quota. Additionally, some teachers and schools also mislead parents and over diagnose cases with SLD and ASD to project their schools' good results and cut down their burden as well. Therefore, these situations pose an ethical dilemma for the mental health professionals about which student deserves the certificate? In this situation, accuracy of certificate and disability percentage (>40%) are required to be checked again.

5. **Psychiatric diagnosis and variability in disability:** within same diagnosis of psychiatric condition there may be wide variety of heterogeneity in terms of existing disability. Moreover, the associated disability may be dynamic, ie. Changing over period of time.

Eligibility of Different Psychiatric Conditions

Specific Learning disability

At present, there is no method of quantifying the extent of disability in Learning Disability (LD), and the best information which can be produced is regarding the presence and absence of the disorder, and the type of learning disability. As is the policy of several institutions in India, a scribe or helper may be provided to the person with LD during his/her exam. In addition to this, the recommendations are:

Eligible for medical course, not eligible for PH quota: Any person with LD deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method/quantification of disability to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better and uniform methods of disability assessment.

Not eligible for medical course: Cases of severe LD or serious dysfunction or disabling co-morbidity where reading and writing are impaired to such an extent as to hinder theoretical learning during the MBBS course or decided by Expert panel

Autism Spectrum Disorders

Eligible for medical course, not eligible for PH quota: absence or Mild Disability, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course: > 60% disability or presence of cognitive/intellectual disability and/or if the person is deemed unfit for perusing MBBS course by an expert panel.

Mental illness:

Eligible for medical course, not eligible for PH quota: Absence or mild Disability <40% (under IDEAS)

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. . However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course: >40% disability or if the person is deemed unfit to perform his/her duties. Standards may be drafted for the definition of “fitness to practice medicine”, as are used by several institutions of countries other than India. One example of such a set of guidelines can be found on the website of the University of Cork, Ireland (“Fitness to Practise | University College Cork, Ireland,” n.d.). Another example can be observed in the “American Psychiatric Association’s Resource Document on Guidelines for Psychiatric Fitness-for-Duty Evaluations of Physicians” (Anfang, Faulkner, Fromson, & Gendel, 2005).

Procedure for admission

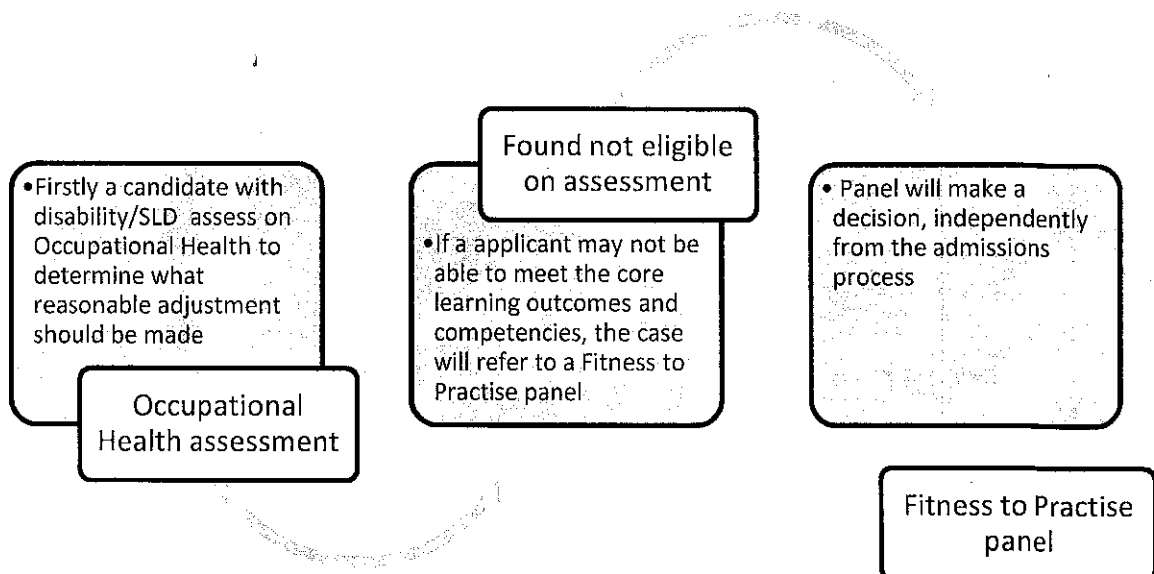


Figure 1: Admission process followed by University of Leicester School of Medicine, UK

Maintain confidentiality, non-discrimination and provision of reasonable accommodations

- Individuals with mental and behavior disorders seems to have many other associated problems in personal, social and family life, difficulty in concentration, poor motivation to learn, lack of self-confidence, and low self-esteem. Thus to prevent these individual from bully and discomfort situation, there is need to maintain the confidentiality of candidate's disability from other.
- There is need to accommodate these students after the admission in MBBS. Medical schools should ensure that all their programs, services, activities, and resources are supportive to students with SLD, ASD and mental illness. for these students may include increased teacher supports/monitoring, increased time for tests (e.g. for a student with SLD), behavior support plans, mental health or behavioral health services, and use of Assistive technology devices. Additionally, create a disability-friendly education and workplace environment.
- **At present such provisions are not available in medical colleges of India, therefore it is utmost important to develop guidelines and mandatory provision of appropriate facilities for students with disability. It is envisaged that more and more students will get admission in medical colleges with increasing awareness of RPWD Act**
- **Also, the medical council of developed countries (like USA, UK) have specific documents to highlight mental health needs and appropriate guidelines for medical students. This is high time that MCI need to develop such guidelines in India specifically to address mental health issues of medical students.**

Fitness to practice/expert panel

- Fitness to practice/admission in medical college may be included in admission guidelines. Student fitness to practice covers the behavior and health of students and the processes by which medical schools manage and monitor such behavior and health to assess a students' fitness to practice as a doctor (General Medical Council, 2013). Medical schools should also have a more formal fitness to practice procedure, where a student's actions and behavior are investigated and a panel may be set up to consider the case and make a decision on the student's future and admission in medical course.
- Though, candidate has disability certificate, however there is need to assess candidate's attitude and skills in details. The candidate must be invited to the meeting to discuss his or her postsecondary goals and the transition services required to achieve them. If that is not possible, the child's interests must be considered. Most importantly, board should have a right to opt a flexible criterion for the admission of candidates according to their understanding and conclusion.

Periodic Revaluation of the Guideline

- Guideline should be reevaluated within a set time period for the relevant modification. Most importantly, after the development of scales/tests for more objectivity and to quantify the disability, committee can make appropriate changes in eligibility criteria as well as under the PH quota.

Recommendations

- Students' up to mild disability may be eligible for admission in medical colleges, but, severe disability or with intellectual/ cognitive impairment will not be eligible. Due to complexities and complicated nature of disability with regard to mental or behavior illness, the decision about the eligibility/non-eligibility and Fitness to practice will be made by the Expert Panel
- Efforts will be made to develop and strengthen the needs and provisions for medical students with regard to reasonable accommodations. There will be minimum standards of provisions and disability friendly environment for medical students with disability by the medical colleges. In this regard appropriate Guidelines/SOP will be made for medical colleges.
- The guidelines/criteria need to be periodically evaluated with regard to eligibility/ quota and to provide the best possible benefits to the medical students with disability as per national/international norms.

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VI. RECOMMENDATION OF EXPERT NEUROLOGIST ON CHRONIC NEUROLOGICAL CONDITIONS

These two are two different types of diseases with different patterns of progression. PD is a gradually progressive degenerative disease of older adult age group. It is highly unlikely that a student would come with this disease for admission to medical school. MS may occur in this age group however it has different types two of them being relapsing remitting and primary progressive varieties.

PD has established disease severity scales like UPDRS part III (unified Parkinson's disease Rating Scale) and Hoehn and Yahr staging for deciding the disability. Similarly MS has EDSS a very good scale for deciding the stage and disability. These scales are very frequently used for drug trials world over. We do not have an equivalents of percent disability with these scales. However we do have Indian guide lines published in the 'The Gazette of India' (Published on 5 Jan 2018) on the Chronic Neurological Disorders including PD and MS. Following are the excerpts taken from that....

SECTION E:

10. Guidelines for Evaluation of Locomotor Disability due to chronic Neurological conditions.

Basic Guidelines:

- 10.1.** Assessment in neurological conditions is not the assessment of disease but the assessment of its effects, i.e. clinical manifestations.
- 10.2.** These guidelines shall only be used for central and upper motor neuron lesions.
- 10.3.** For assessment of lower motor neuron lesions, muscular disorders and other locomotor conditions, methods of evaluation as mentioned above will be used.
- 10.4.** Normally any neurological assessment for the purpose of certification has to be done six months after the onset of disease; however, exact time period is to be decided by the Medical Doctor who is evaluating the case and has to recommend the review of certificate as given in the standard format of certificate.
- 10.5.** Total percentage of physical impairment in any neurological condition shall not exceed 100%.
- 10.6.** In mixed cases the highest score will be taken into consideration. The lower score will be added to it by the help of combining formula:
$$a + b(90-a) / 90$$
- 10.7.** Additional rating of 10% will be given for involvement of dominant upper extremity.
- 10.8.** Additional weightage up to 10% can be given for loss of sensation in each extremity but the total physical impairment should not exceed 100%.

12. Other Neurological Disability

12.1. Extent of Sensory Deficit Physical Impairment

Anaesthesia Up to 10% for each limb

Hypoaesthesia depending upon % of loss of sensation

Paresthesia Up to 30% depending upon loss of sensation

Hands/feet sensory loss depending upon % of loss sensation

12.2. Bladder disability due to neurogenic Involvement

Bladder Involvement Physical Impairment

Mild (Hesitancy/Frequency) 25%

Moderate (precipitancy) 50%

Severe (occasional but recurrent Incontinence) 75%

Very Severe (Retention/Total Incontinence) 100%

12.3. Ataxia (Sensory or Cerebellar)

Severity of Ataxia % of Permanent Physical Impairment

Mild (Detected on examination) Less than 40%

Moderate 40 to 60%

Severe More than 60%

An individual with PD and MS is a constellation of above symptoms in various combinations. MS also includes visual impairment. For MS the main symptoms are – visual impairment, motor weakness, sensory impairment, ataxia and bladder bowel involvement. For PD the main symptoms are tremor, rigidity, postural instability and later dyskinesia, cognitive impairment and autonomic dysfunctions. In my opinion a committee may be formed to work on this and generate equivalents of these widely used scales (UPDRS, H&Y and EDSS) into percentages. In absence of government guidelines on the disability of specific diseases like MS and PD to decide exact percentages we may use above general guidelines published in the Gazette to come to an aggregate disability percentage based on symptom and signs in an individual.

An individual with less than 40% may be considered eligible for the medical course and more than 80% disability should not be considered eligible for medical course. Person within the range of 40% - 80% may be given benefit of reservation under 5% quota under RPWD act 2016, with inbuilt segregation into two groups. The segregation of the above into two groups; candidate with disability in the range of 61% - 80% will be given priority in admission under the said quota and incase seat remains vacant the candidates with 40% - 60% shall be admitted.



VII. RECOMMENDATION OF EXPERT ON CHRONIC BLOOD DISORDERS

1. Hemophilia

- Hemophilia is an X-linked congenital bleeding disorder caused by a deficiency of coagulation factor VIII (FVIII) (in hemophilia A) or factor IX (FIX) (in hemophilia B).

The deficiency is the result of mutations of the respective clotting factor genes. Hemophilia has an estimated frequency of approximately one in 10 000 births.

- Severe Hemophilia patients have a clotting factor level of less than 1%. Severe results in severe and spontaneous bleeding if clotting factors not provided, recurrent bleeding into joints can lead to arthropathy and permanent joint deformity, resulting in disability.
- The disability scoring will be done as per the recent notification in Gazette of India, this may be modified from time to time with inputs from experts and patient groups. The diagnosis of severe Hemophilia A or B is considered a bench mark disability and will be graded as 40%.
- The scoring for disability grading for severe Hemophilia as per the current GOI guidelines is given in table 1a.

Table 1 a Grading of Disability in persons with Hemophilia A or B

| Disability score | Percentage of normal factor in blood | Clinical |
|------------------|--------------------------------------|--|
| 10-20% | >5% | Asymptomatic but family history is positive and limitation of physical contact sport advised and abnormal aPTT |
| 21-39% | 1-5% | Above plus occasional spontaneous bleed |
| 40-49% | <1% | Above plus symptomatic with 2 bleeds in joints with limitation of full movement-need to be assessed by orthopaedic surgeon/physiatrist |
| 50-59% | <1% | Above plus bleeds at least 3 times in last 5 months and contracture in one joint |
| 60-79% | <1% | Above plus intracranial bleed once or limitation/contracture in two joints |
| 80-85% | <1% | Neurological sequelae, or with compartmental syndrome with Limb weakness |

(Further details are given in Gazette of India notification January 2018).

The meeting in the Medical council of India to update the eligibility requirements, reservation and provision of benefits and ineligibility cutoffs were decided after evaluation of the needs and rigorous requirements of the MBBS syllabus and internship period.

Persons with severe Hemophilia would be eligible for the course as long as their permanent disability did not severely compromise their Dominant upper arm (same as categorization given in PHYSICAL disability section), or their disability grade was not 80% or more as per table 1a. These would render the candidate ineligible.

Persons Hemophilia and disability grade 60-79% would be eligible for the course and be provided benefits of reservation etc. under PH Quota as provided by the disability act. Persons with Hemophilia and disability grade 40-59% would be eligible for the medical course, though not entitled to reservation, unless the seats remained vacant with no eligible PH quota candidates. These criteria are summarized in table 1 b.

Table 1 b: Criteria for Eligibility and ineligibility criteria for MBBS students with Hemophilia

| <u>ELIGIBLE FOR MEDICAL COURSE</u> [but not considered under disability act] | ELIGIBLE FOR MEDICAL COURSE [Not considered under PH quota unless seats remain unfilled by disability category 61-80%] | ELIGIBLE FOR MEDICAL COURSE & PH QUOTA [ELIGIBLE FOR PH QUOTA] | NOT ELIGIBLE FOR MEDICAL COURSE |
|---|---|---|--|
| Less than 40% | 40-60% | 61- 80% | More than 80% (Neurological sequelae, or with compartmental syndrome with Limb weakness) |

Additional ineligibility criteria as per Physical disability criteria of permanent disability of dominant upper limb. (*please put same percentage as per DrWadhwa note for upper limb deformity*)

2. Hemoglobinopathies

Hemoglobinopathies are inherited blood disorders, some are mild but two categories Sickle cell diseases and Beta thalassemia major have been included in the new list of disabilities.

Thalassemias: Thalassemia Major, and Thalassemia Intermedia are the major disorders that require lifelong management and are to be considered for prevention. Untreated Thalassemia Major is invariably fatal by 2 to 5 years of age. Commonly Thalassemia Major (TM) is managed by regular blood transfusions (Packed Red Blood Cells) and iron chelation therapy. Availability of leuko-depleted packed red blood cells (pRBC) and iron chelators are to be ensured for adequate management along with facilities for regular monitoring. Adequately treated patients can live a fulfilling life.

The diagnosis of Thalassemia major/intermedia must be confirmed by appropriate clinical examination and laboratory tests as specified in the Gazette of India notification. With progressive pallor with Hemoglobin persistently lower than <7g% ,have failure to thrive and require regular blood transfusion to maintain Hb above 10 g% should be entry point for disability eligibility and with passage of time, as and when new complications develop disability should be reassessed as mentioned above and higher score should be awarded.

Scoring system for assessment of disability, as given in current Gazette of India (January,2018)

- (a) Mild anemia refractory to iron supplementation, and microcytic hypochromic with hepatosplenomegaly and confirmed by Hb electrophoresis but asymptomatic and no BT# requirement.

- (b) Thalassemia Major with monthly BT# requirement but Haemoglobin maintained at 10 – should receive some benefit like time out, special leave, social security and free treatment-TRANFUSION DEPENDANT and exertional dyspnoea on walking few yards more than class 2 as per NYHA and AHA.
- (c) Above plus Thal-major with monthly BT# with signs of bone marrow hyperplasia and osteoporosis decided by bone DEXA scan.
- (d) Note at this stage should be seen by multi-disability board and should be seen by orthopedician.
- (e) above plus Iron chelator requirement osteoporosis and Serum ferritin less than 1000 ng/ml
- (f) Thal major as in level 4 plus with Bimonthly BT# requirement and all the above.
- (g) Thal major > than bimonthly BT requirement with features of hyper-splenism and more than 250 ml packed cell transfusion/Kg per year plus features of level 5.
- (h) Thal major with splenectomy with infection and plus features as in level 6.
- (i) Thal major with features as above at level 7 plus hemosiderosis and serum ferritin level > 1000ng/ml and with multi organ failure decided by Echocardiogram, LFT and GTT.
- (j) Thalassemia major with features at level 8 plus with BT associated infections like HBV, CMIV, HIV, HBC etc.

Table 2a. Grading of Disability in Thalassemia

| | |
|------------|--------|
| At level 1 | <40% |
| At level 2 | 40-50% |
| At level 3 | 51-60% |
| At level 4 | 61-65% |
| At level 5 | 66-70% |
| At level 6 | 71-75% |
| At level 7 | 76-79% |
| At level 8 | 80-85% |
| At level 9 | >85% |

[As given in current (January 2018) Gazette of India notification by GOI].

Persons with thalassemia major/intermedia would be eligible for the course as long as their permanent disability grade was not 80% or more as per table 2a. These would render the candidate ineligible.

Persons thalassemia and disability grade 60-79% would be eligible for the course and be provided benefits of reservation etc. under PH Quota as provided by the disability act. Persons with and Thalassemia major/intermedia with disability grade 40-59% would be eligible for the medical course, though not entitled to reservation, unless the seats remained vacant with no eligible PH quota candidates. These criteria are summarized in table 2 b.



Table 2 b Criteria for Eligibility and ineligibility criteria for MBBS students with thalassemia major/intermedia

| <u>ELIGIBLE FOR MEDICAL COURSE</u> [NOT ELIGIBLE FOR PH QUOTA] | <u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%] | <u>ELIGIBLE FOR MEDICAL COURSE & [ELIGIBLE FOR PH QUOTA]</u> | NOT ELIGIBLE FOR MEDICAL COURSE |
|---|--|--|---------------------------------|
| Less than 40% | 40- 60% | 61-80% | More than 80% |

3. Sickle Cell Anemia Disability

Alteration in the structure of hemoglobin by point mutations affecting one base pair coding for amino acid of the globin chain leads alterations of the h structure, on such variant is called hemoglobin S (sickle cell). In HbS the point mutation is caused by the substitution of valine for glutamic acid in position 6 of β globin chain.

The term "sickle cell disease" (SCD) encompasses both homozygous and the compound heterozygous states that lead to the symptomatic disease as a result of formation of sickle cell red cell, due to presence of Hb S. The main clinical disability arises from repeated episodes of vaso- occlusive events (called painful crisis), organ dysfunction, anemia, bone disease, pulmonary complications, skin ulcerations, gall bladder stones etc.

Severity scoring from the Gazette of India notification January 2018:

Severity Score 0- homozygous sickle cell disease but asymptomatic-but has got mild pallor (HCT 30) and spleno-hepatomegaly and diagnosis confirmed by Hb electrophoresis

1. Sickle cell anemia such as (HbSS), compound heterozygous (HbS/ β^0) thalassemia, HbSD, and HbO^{arab}, anaemia that is severe and chronic, with persistent hemocrit of 26% or less, and symptomatic, requiring blood transfusions to maintain the HbS level \leq 30% and transfusion dependent and symptomatic as per New York Heart Association (NYHA) more than class 2
2. Above plus Painful crisis due to blood clots in blood vessels at least three times in the past five months (vaso- occlusive crisis or thrombotic crisis).
3. Above plus Hospitalization beyond that of emergency care at least three times in the past 12 months (could be due to aplastic episodes, haemolytic crisis, strokes, heart problems, kidney failure or pneumonia)
4. *4. Above plus Functional impairment caused by sickle cells that meet another disability listing due to avascular necrosis, osteomyelitis, and bone infarction of multiple joints, stroke and transient Ischemic Attack (TIA), leg ulcers. –should be referred to multi-disability board
5. Above plus Permanent Loss of spleen function or chronic hypersplenism with recurrent infections (more than 3 in last 6 months)

6. Above plus Complications like impaired neuropsychological function with abnormal cerebral MRI scan, sickle nephropathy, sickle cell lung disease, bilateral proliferative retinopathy leading to loss of vision and chronic liver disease.
7. Above plus- Impaired cardiac function due to end organ damage measured by functional ECHO Cardiography
8. Above plus Sickle cell anaemia with BT associated complications due to infections like HBV, CMIV, HIV, HBC etc.

Table 3a Grading of Disability in Sickle cell disease

| At level | Disability should be |
|----------|----------------------|
| 0, 1 | < 40% |
| 2 | 40-50% |
| 3 | 51-60% |
| 4 | 61-65% |
| 5 | 66-70% |
| 6 | 71-75% |
| 7 | 76-80% |

Persons with sickle cell disease would be eligible for the course as long as their permanent disability grade was not 80% or more as per table 2a. These would render the candidate ineligible.

Persons sickle cell disease and disability grade 60-79% would be eligible for the course and be provided benefits of reservation etc. under PH Quota as provided by the disability act. Persons with and sickle cell disease with disability grade 40-59% would be eligible for the medical course, though not entitled to reservation, unless the seats remained vacant with no eligible PH quota candidates. These criteria are summarized in table 3b.

Table 3 b Criteria for Eligibility and ineligibility criteria for MBBS students with Sickle cell disease

| <u>ELIGIBLE FOR MEDICAL COURSE</u> [NOT ELIGIBLE FOR PH QUOTA] | <u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%] | <u>ELIGIBLE FOR MEDICAL COURSE & [ELIGIBLE FOR PH QUOTA]</u> | NOT ELIGIBLE FOR MEDICAL COURSE |
|---|--|--|---------------------------------|
| Less than 40% | 40-60% | 61- 80% | More than 80% |

For multiple disabilities, the formula as recommended for calculation of multiple disability to be used



VIII. RECOMMENDATION OF EXPERT ON MULTIPLE DISABILITIES.

Report regarding Multiple Disabilities submitted by Dr Sanjay Wadhwa, Professor, Dept. Of Physical Medicine and Rehabilitation, AIIMS, New Delhi to the Expanded Committee on Disability constituted under Medical Council of India:

According to the Schedule pertaining to Specified Disability under the Rights of Persons with Disabilities Act 2016, Multiple Disabilities {more than one of the specified disabilities, namely 1. Physical Disability (A. Locomotor disability including (a) leprosy cured person, (b) cerebral palsy, (c) dwarfism, (d) muscular dystrophy and (e) acid attack victims;), B. Visual Impairment - (a) Blindness (b) Low vision), C. Hearing Impairment – (a) Deaf, (b) Hard of hearing, D. Speech and language Disability, 2. Intellectual Disability, including (a) specific learning disabilities, (b) autism spectrum disorders, 3. Mental Behaviour – Mental illness, and 4. Disability caused due to (a) chronic neurological conditions such as (i) multiple sclerosis, (ii) Parkinson's disease, (b) Blood disorders (i) haemophilia, (ii) thalassemia, (iii) sickle cell disease)}, including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

Guidelines for estimation of each of these specified disabilities as stated above have been framed and notified by the Govt.

There is a combining formula
$$\frac{a + b(90-a)}{90}$$

(where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities)

recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.

IX. OPERATIONAL RECOMMENDATIONS

I. RECOMMENDATION OF EXPERT ON LOCOMOTOR AND RELATED DISABILITIES

For reservation under physically challenged quota:

Candidates with locomotor disability of 40-80% may be considered eligible, and

- Candidates with more than 80% disability – NOT ELIGIBLE for reservation;
- Candidates with a disability in the range of 71-80% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 61-70% disabilities.
- Candidates with a disability in the range of 61-70% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 51-60% disabilities.
- Candidates with a disability in the range of 51-60% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 40-50% disabilities.

Candidates with less than 40% disability – NOT ELIGIBLE for reservation.

II. RECOMMENDATION OF EXPERT ON VISUAL IMPAIRMENT

Visual Disability

A person with visual disability of 40% or more (category III or greater) shall not be eligible to pursue Graduate Medical Education. Persons with visual disability of less than 40% , namely 10% (Category 0), 20% (Category I) and 30% (category II) are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of visual impairment is less than the benchmark definition of Low Vision.

In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted.

III. RECOMMENDATION OF EXPERT ON IMPAIRMENT OF HEARING & SPEECH

Auditory Disability

In view of the competencies that cannot be completely or partially acquired by a person with auditory disability, a provision be incorporated in the Graduate Medical Education Regulations that persons with auditory disability greater than the set bench mark of 40% are not entitled to pursue Graduate Medical Education.



Persons with hearing disability of less than 40%, are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of hearing impairment is less than the benchmark definition of hearing impaired.

IV. RECOMMENDATION OF EXPERT ON INTELLECTUAL DISABILITY AND MENTAL BEHAVIOUR

ELIGIBILITY OF DIFFERENT PSYCHIATRIC CONDITIONS

Specific Learning disability

At present, there is no method of quantifying the extent of disability in Learning Disability (LD), and the best information which can be produced is regarding the presence and absence of the disorder, and the type of learning disability. As is the policy of several institutions in India, a scribe or helper may be provided to the person with LD during his/her exam. In addition to this, the recommendations are:

Eligible for medical course, not eligible for PH quota: Any person with LD deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method/quantification of disability to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better and uniform methods of disability assessment.

Not eligible for medical course: Cases of severe LD or serious dysfunction or disabling co-morbidity where reading and writing are impaired to such an extent as to hinder theoretical learning during the MBBS course or decided by Expert panel

Autism Spectrum Disorders

Eligible for medical course, not eligible for PH quota: absence or Mild Disability, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course: > 60% disability or presence of cognitive/intellectual disability and/or if the person is deemed unfit for perusing MBBS course by an expert panel.

Mental illness:

Eligible for medical course, not eligible for PH quota: Absence or mild Disability <40% (under IDEAS)

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. . However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course: >40% disability or if the person is deemed unfit to perform his/her duties. Standards may be drafted for the definition of “fitness to practice medicine”, as are used by several institutions of countries other than India. One example of such a set of guidelines can be found on the website of the University of Cork, Ireland (“Fitness to Practise | University College Cork, Ireland,” n.d.). Another example can be observed in the “American Psychiatric Association’s Resource Document on Guidelines for Psychiatric Fitness-for-Duty Evaluations of Physicians” (Anfang, Faulkner, Fromson, & Gendel, 2005).

Recommendations For The Medical Colleges/MCI

Maintain confidentiality, non-discrimination and provision of reasonable accommodations

- Individuals with mental and behaviour disorders seems to have many other associated problems in personal, social and family life, difficulty in concentration, poor motivation to learn, lack of self-confidence, and low self-esteem. Thus to prevent these individual from bully and discomfort situation, there is need to maintain the confidentiality of candidate’s disability from other.
- There is need to accommodate these students after the admission in MBBS. Medical schools should ensure that all their programs, services, activities, and resources are supportive to students with SLD, ASD and mental illness. Accommodations for these students may include increased teacher supports/monitoring, increased time for tests (e.g. for a student with SLD), behaviour support plans, mental health or behavioral health services, and use of Assistive technology devices. Additionally, create a disability-friendly education and workplace environment.
- **At present such provisions are not available in medical colleges of India, therefore it is utmost important to develop guidelines and mandatory provision of appropriate facilities for students with disability. It is envisaged that more and more students will get admission in medical colleges with increasing awareness of RPWD Act**
- **Also, the medical council of developed countries (like USA, UK) have specific documents to highlight mental health needs and appropriate guidelines for medical students. This is high time that MCI need to develop such guidelines in India specifically to address mental health issues of medical students.**

Fitness to practice/expert panel

- Fitness to practice/admission in medical college may be included in admission guidelines. Student fitness to practice covers the behavior and health of students and the processes by which medical schools manage and monitor such behavior and health to assess a students’ fitness to practice as a doctor (General Medical Council, 2013). Medical schools should also have a more formal fitness to practice procedure, where a student’s actions and behavior

are investigated and a panel may be set up to consider the case and make a decision on the student's future and admission in medical course.

- Though, candidate has disability certificate, however there is need to assess candidate's attitude and skills in details. The candidate must be invited to the meeting to discuss his or her postsecondary goals and the transition services required to achieve them. If that is not possible, the child's interests must be considered. Most importantly, board should have a right to opt a flexible criterion for the admission of candidates according to their understanding and conclusion.

Periodic Revaluation of the Guideline

- Guideline should be revaluated within a set time period for the relevant modification. Most importantly, after the development of scales/tests for more objectivity and to quantify the disability, committee can make appropriate changes in eligibility criteria as well as under the PH quota.

Recommendations

- Students' up to mild disability may be eligible for admission in medical colleges, but, severe disability or with intellectual/ cognitive impairment will not be eligible. Due to complexities and complicated nature of disability with regard to mental or behavior illness, the decision about the eligibility/non-eligibility and Fitness to practice will be made by the Expert Panel
- Efforts will be made to develop and strengthen the needs and provisions for medical students with regard to reasonable accommodations. There will be minimum standards of provisions and disability friendly environment for medical students with disability by the medical colleges. In this regard appropriate Guidelines/SOP will be made for medical colleges.

The guidelines/criteria need to be periodically evaluated with regard to eligibility/ quota and to provide the best possible benefits to the medical students with disability as per national/international norms.

V. RECOMMENDATION OF EXPERT ON CHRONIC NEUROLOGICAL CONDITIONS

Parkinson's Disease(PD) and Multiple Sclerosis(MS) two are two different types of diseases with different patterns of progression. PD is a gradually progressive degenerative disease of older adult age group. It is highly unlikely that a student would come with this disease for admission to medical school. MS may occur in this age group however it has different types two of them being relapsing remitting and primary progressive varieties.

PD has established disease severity scales like UPDRS part III (unified Parkinson's disease Rating Scale) and Hoehn and Yahr staging for deciding the disability. Similarly MS has EDSS a very good scale for deciding the stage and disability. These scales are very frequently used for drug trials world over. We do not have equivalents of percent disability with these scales. However we do have Indian guide lines published in the 'The Gazette of India'



(Published on 5 Jan 2018) on the Chronic Neurological Disorders including PD and MS

An individual with PD and MS is a constellation of symptoms in various combinations. MS also includes visual impairment. For MS the main symptoms are – visual impairment, motor weakness, sensory impairment, ataxia and bladder bowel involvement. For PD the main symptoms are tremor, rigidity, postural instability and later dyskinesia, cognitive impairment and autonomic dysfunctions. In my opinion a committee may be formed to work on this and generate equivalents of these widely used scales (UPDRS, H&Y and EDSS) into percentages. In absence of government guidelines on the disability of specific diseases like MS and PD to decide exact percentages we may use above general guidelines published in the Gazette to come to an aggregate disability percentage based on symptom and signs in an individual.

An individual with less than 40% may be considered eligible for the medical course and more than 80% disability should not be considered eligible for medical course. Person within the range of 40% - 80% may be given benefit of reservation under 5% quota under RPWD act 2016, with inbuilt segregation into two groups. The segregation of the above into two groups; candidate with disability in the range of 61% - 80% will be given priority in admission under the said quota and incase seat remains vacant the candidates with 40% - 60% shall be admitted.

VI. RECOMMENDATION OF EXPERT ON CHRONIC BLOOD DISORDERS

1. Hemophilia

Table 1 b: Criteria for Eligibility and ineligibility criteria for MBBS students with Hemophilia

| <u>ELIGIBLE FOR MEDICAL COURSE</u> [but not considered under disability act] | <u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%] | <u>ELIGIBLE FOR MEDICAL COURSE & [ELIGIBLE FOR PH QUOTA]</u> | <u>NOT ELIGIBLE FOR MEDICAL COURSE</u> |
|---|--|--|--|
| Less than 40% | 40-60% | 61- 80% | More than 80% (Neurological sequelae, or with compartmental syndrome with Limb weakness) |

Additional ineligibility criteria as per Physical disability criteria of permanent disability of dominant upper limb.

2. Hemoglobinopathies

Table 2 b Criteria for Eligibility and ineligibility criteria for MBBS students with thalassemia major/intermedia

| <u>ELIGIBLE FOR MEDICAL COURSE</u> | <u>ELIGIBLE FOR MEDICAL COURSE</u> | <u>ELIGIBLE FOR MEDICAL COURSE</u> | <u>NOT ELIGIBLE FOR MEDICAL COURSE</u> |
|------------------------------------|------------------------------------|------------------------------------|--|
| | | | |

| | | | |
|--|--|-------------------------------------|---------------|
| <u>COURSE</u> [NOT ELIGIBLE FOR PH QUOTA] | [Not considered under PH quota unless seats remain unfilled by disability category 61-80%] | <u>&[ELIGIBLE FOR PH QUOTA]</u> | COURSE |
| Less than 40% | 40-60% | 61- 80% | More than 80% |

3. Sickle Cell Anemia Disability

Table 3 b Criteria for Eligibility and ineligibility criteria for MBBS students with Sickle cell disease

| | | | |
|---|--|---|---------------------------------|
| <u>ELIGIBLE FOR MEDICAL COURSE</u> [NOT ELIGIBLE FOR PH QUOTA] | <u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%] | <u>ELIGIBLE FOR MEDICAL COURSE &[ELIGIBLE FOR PH QUOTA]</u> | NOT ELIGIBLE FOR MEDICAL COURSE |
| Less than 40% | 40-60% | 61- 80% | More than 80% |

For multiple disabilities, the formula as recommended for calculation of multiple disability to be used

VII. RECOMMENDATION OF EXPERT ON MULTIPLE DISABILITIES.

According to the Schedule pertaining to Specified Disability under the Rights of Persons with Disabilities Act 2016, Multiple Disabilities {more than one of the specified disabilities, namely 1. Physical Disability (A. Locomotor disability including (a) leprosy cured person, (b) cerebral palsy, (c) dwarfism, (d) muscular dystrophy and (e) acid attack victims;), B. Visual Impairment - (a) Blindness (b) Low vision), C. Hearing Impairment – (a) Deaf, (b) Hard of hearing, D. Speech and language Disability, 2. Intellectual Disability, including (a) specific learning disabilities, (b) autism spectrum disorders, 3. Mental Behaviour – Mental illness, and 4. Disability caused due to (a) chronic neurological conditions such as (i) multiple sclerosis, (ii) Parkinson’s disease,(b) Blood disorders (i) haemophilia, (ii) thalassemia, (iii) sickle cell disease)}, including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

Guidelines for estimation of each of these specified disabilities as stated above have been framed and notified by the Govt.

There is a combining formula $\frac{a + b(90-a)}{90}$

(where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities)

recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.

XI. CONCLUSIVE REMARKS OF THE COMMITTEE

This demarcation that we have proposed is primarily for the purpose of reservation. RPWD Act 2016 section 32(1)&(2) whereby, 5 % seats in an academic institute will be reserved for those who will be getting the benefit of the disability for the purpose of admission. What we worked out is how those 5% seats which are to be earmarked will be filled in from amongst the eligible in the Disability Category.

The measurable criteria for determining permissibility level of Locomotor Diseases to be accommodated in the quota for disabled are fairly structured and well entrenched. The measurable criteria for percentage fixation in case of visual and auditory impairment is easy, handy and standardized. The difficulty in case of Specific Learning Disorders, Autism Spectrum Disorder and Mental illness is non-availability of standard criteria for determining the permissibility level for reservation in the said quota. Whatever scales are available are with respect to mild nature of afflictions, so anything which is mild by whatever permissible scales alone turns out to be the eligibility point in case of Learning Disorders, Autism Spectrum Disorder and Mental illness. This instead of being put across as percentage should be in terms of certification by Expert panel for the purpose of eligibility for admission. Demarcating point is difficult to decipher especially for those with considerable affliction. The affliction of considerable level where the criteria are of blurred nature should be open for review in a timely manner.

Thus in case of all these conditions wherever measurements are not available for computation, it is blind non-eligibility for the purpose of admission. Wherever standardized scales are in vogue eligibility has been recommended for the purpose of admission. Therefore it is in terms of demarcation of Mild for these diseases as 'YES', under certification by the available scale through an expert panel could be the required modality. The conditions where objective criteria and quantification is blurred needs review from time to time taking into consideration the contemporary development in the arena.

Further the committee deems it necessary to recommend that it would be necessary to ensure fulfillment of facilitatory requirements at the learning place conducive to the disabled students admitted for medical education in terms of the prescribed guidelines. This would entail the prescription of the said requirements in the regulations governing Minimum Standard Requirements as against the permissible annual intake capacity of 50, 100, 150, 200 and 2050 respectively.

The Committee would like to note of the candid observations made by Dr. Radhika Tandon, Ophthalmic Expert to that effect that "some checks and measures to safeguard against the problem of malingering or willful attempt on part of person to gain higher percentage or lower percentage to gain reservation or become eligible as applicable needs to be evolved and put in place".



The Committee noted that Chapter X of the Rights of Persons with Disability Act, 2016 provides the mechanism for certification of specified disabilities. Section 56 requires the Central Government to notify guidelines for the purpose of assessing extent of specified disability in a person. Sections 57 and 58 provide for designation of certifying authority and procedure for certification. The Act also provides for Constitution of Central and State Advisory Board on Disability and District level Committee. It is important to note that the Chairperson of Medical Council of Indian is an ex-officio Member of the Central Advisory Board under section 65 (2) (g).

Section 65 of the Act provides as under as regards the "Constitution of Advisory Board on Disability" as under:

"65. (1) Subject to the provisions of this Act, the Central Advisory Board on disability shall be the national-level consultative and advisory body on disability matters, and shall facilitate the continuous evolution of a comprehensive policy for the empowerment of persons with disabilities and the full enjoyment of rights.

(2) In particular and without prejudice to the generality of the foregoing provisions, the Central Advisory Board on disability shall perform the following functions, namely:—

(a) advise the Central Government and the State Governments on policies, programmes, legislation and projects with respect to disability;

(b) develop a national policy to address issues concerning persons with disabilities;

(c) review and coordinate the activities of all Departments of the Government and other Governmental and non-Governmental Organisations which are dealing with matters relating to persons with disabilities;

(d) take up the cause of persons with disabilities with the concerned authorities and the international organisations with a view to provide for schemes and projects for the persons with disabilities in the national plans;

(e) recommend steps to ensure accessibility, reasonable accommodation, nondiscrimination for persons with disabilities vis-à-vis information, services and the built environment and their participation in social life;

(f) monitor and evaluate the impact of laws, policies and programmes to achieve full participation of persons with disabilities; and

(g) such other functions as may be assigned from time to time by the Central Government.

On perusal of the RPWD Act it is apparent that it is the Central Govt. that is entrusted with responsibility to implement the Act. Within the apparatus of Central Government, it is Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment that is vested with the requisite authority for implementation of the RPWD Act. Accordingly, it may not be juridically permissible for the Council to venture into the field demarcated by legislation Accordingly, the task that has been dispensed with by this Committee ought to be assimilated by the Ministry of Social Justice and Empowerment so that the objectives of the RPWD Act are attained and equality of opportunity for persons with bench mark disability is operationally translated into reality.

Report Submitted to the President, Medical Council of India for the Needful

Sd/-
Dr. Sanjay Wadhwa
Expert Physical Medicine &
Rehabilitation


Sd/-
Dr. Achal Gulati,
Expert Otolaryngologist

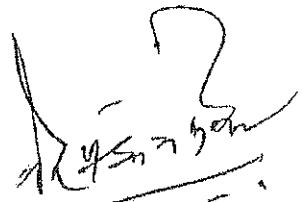
Sd/-
Dr. Radhika Tandon
Expert Ophthalmologist

Sd/-
Dr. Tulika Seth
Expert Clinical Hematologist

Sd/-
Dr. Rajesh Sagar
Expert Psychiatrist

Sd/-
Dr. Achal Kumar Srivastava
Expert Neurologist


Dr. Rajendra Wabale
Member Secretary


Dr. Ved Prakash Mishra
Expert - Medical Education, and Convener

Place: New Delhi

Dated: 05 June 2018

Annexure

1. A cumulative charge and catalogued recommendations pertaining to 22 specified conditions (**Annexure I**)

| Sno | Disability Type | Benchmark Disabilities | Dealing Expert | Specified Disability | Eligible for Medical Course, Not Eligible for PH Quota | Eligible for Medical Course, Eligible for PH Quota | Not Eligible for Medical Course |
|---------------------------------|-------------------------|--|--------------------------|---|--|---|--|
| 1 | Physical Disabilities | A. Locomotor Disability including conditions a-e | Dr. Sanjay Wadhwa | a. Leprosy cured person | Less than 40% disability | 1. Lower Limb: Priority in Admission candidates with 61-80% disability; Later to 40-60% disabled. 2. Non-dominant Upper Limb with structurally intact, sensate and functional thumb: Priority in Admission to candidates with 51-60% disability; Later to 40-50% disabled. 3. Spine: Priority in Admission to candidates with 51-60% disability; Later to 40-50% disabled. 4. Limbs & / Spine: Priority in Admission to candidates with 61-80% disability; Later to 40-60% disabled. | More than 80% for Lower Limb Involvement of both Upper Limbs Involvement of dominant Upper Limb More than 60% for non-dominant Upper Limb More than 60% for Spine More than 80% for Combined of Limbs and spine |
| | | | | b. Cerebral Palsy | | | |
| | | | | c. Dwarfism | | | |
| | | | | d. Muscular Dystrophy | | | |
| | | | | e. Acid attack victims | | | |
| | B. Visual Impairment | Dr. Radhika Tandon | a. Blindness | Less than 40% disability (i.e. Category '0'(10%), 'I'(20%) & 'II'(30%) | — | Equal to or More than 40% Disability Category III and above | |
| | | | b. Low vision | | | | |
| C. Hearing impairment | Dr. Achal Gulati | a. Deaf | Less than 40% Disability | — | Equal to or more than 40% Disability | | |
| | | b. Hard of hearing | | | | | |
| D. Speech & language disability | Dr. Achal Gulati | a. Organic/neurological causes | | | | | |
| 2 | Intellectual disability | | Dr. Rajesh Sagar | a. Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia) | Any person with LD deemed fit for MBBS course by an expert panel | Currently not recommended due to the above-mentioned lack of objective method/quantification of disability to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better and uniform methods of disability assessment. | Cases of severe LD or serious dysfunction or disabling co-morbidity where reading and writing are impaired to such an extent as to hinder theoretical learning during the MBBS course or decided by Expert panel |

| Sno | Disability Type | Benchmark Disabilities | Dealing Expert | Specified Disability | Eligible for Medical Course, Not Eligible for PH Quota | Eligible for Medical Course, Eligible for PH Quota | Not Eligible for Medical Course |
|-----|--|---|----------------------|------------------------------|--|---|--|
| | | | | b. Autism spectrum disorders | Absence or Mild Disability, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for MBBS course by an expert panel | Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment. | Equal to or more than 60% disability or presence of cognitive/intellectual disability and/or if the person is deemed unfit for perusing MBBS course by an expert panel. |
| 3 | Mental behaviour | | Dr. Rajesh Sagar | a. Mental illness | Absence or mild Disability: less than 40% (under IDEAS) | Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment. | Equal to or more than 40% disability or if the person is deemed unfit to perform his/her duties. Standards may be drafted for the definition of "fitness to practice medicine", as are used by several institutions of countries other than India. |
| 4 | Disability caused due to | Disability due to Chronic Neurological Conditions | Dr. Anchal Srivastav | a. Multiple Sclerosis | <40% Disability | 40-80% Priority in Admission to candidates with 61-80% disability; and later to 40-60% disabled. | More than 80% |
| | | b. Parkinsonism | | | | | |
| | | Disability due to Blood disorders | Dr. Tulika Seth | a. Haemophilia | <40% Disability | 40-80% Priority in Admission to candidates with 61-80% disability; and later to 40-60% disabled. | More than 80% |
| | | b. Thalassemia | | | | | |
| | | | | c. Sickle cell disease | | | |
| 5 | Multiple disabilities including deaf blindness | | | a. Combination of above | Combining Formula as notified by the Govt. $\frac{a + b (90-a)}{90}$ (where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual | | |