

NAME &amp; ADDRESS OF THE INSTITUTE / HOSPITAL \_\_\_\_\_

Certificate No. \_\_\_\_\_

Date \_\_\_\_\_

DISABILITY CERTIFICATE

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board.
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This is certified that Shri / Smt / Kum \_\_\_\_\_  
son/wife/daughter of Shri \_\_\_\_\_ age \_\_\_\_\_  
sex \_\_\_\_\_ identification mark(s) \_\_\_\_\_ is suffering from  
permanent disability of following category:

## A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach  
(b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) Impaired reach  
(b) Weakness of grip  
(c) Ataxic
- (v) OA-One arm affected (a) Impaired reach  
(b) Weakness of grip  
(c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

## B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment:

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of \_\_\_\_\_ years \_\_\_\_\_ months.\*

3. Percentage of disability in his/her case is ..... percent.

4. Sh./Smt./Kum.....meets the following physical requirements for discharge of his/her duties:-

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|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing.     | Yes/No |
| (iii) L-can perform work by lifting.                 | Yes/No |
| (iv) KC-can perform work by kneeling and crouching.  | Yes/No |
| (v) B-can perform work by bending.                   | Yes/No |
| (vi) S-can perform work by sitting.                  | Yes/No |
| (vii) ST-can perform work by standing.               | Yes/No |
| (viii) W-can perform work by walking.                | Yes/No |
| (ix) SE-can perform work by seeing.                  | Yes/No |
| (x) H-can perform work by hearing/speaking.          | Yes/No |
| (xi) RW-can perform work by reading and writing.     | Yes/No |

(Dr. \_\_\_\_\_ )  
Member  
Medical Board

(Dr. \_\_\_\_\_ )  
Member  
Medical Board

(Dr. \_\_\_\_\_ )  
Chairperson  
Medical Board

Countersigned by the  
Medical Superintendent / CMO/Head of  
Hospital. (with seal)

\*Strike out which is not applicable.