

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL

DISABILITY CERTIFICATE

Certificate No.

Date

Recent photograph of
the candidate showing
the disability duly
attested by the
Chairperson of the
Medical Board

This is certified that Shri/Smt./Kum.....
son/wife/daughter of Shri
agesexidentification marks (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
 - (c) Ataxic
- (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
 - (d) Weakness of grip
 - (e) 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

.....yearsmonths*.

3. Percentage of disability in his/her case is per cent.

4. Shri/Smt./Kum. meets the following physical requirements

for discharge of his/ her duties :—

- | | |
|--|--------|
| (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)*

*(Delete whichever is not applicable)