

Name & 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.***

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:
- BL -Both legs affected but not arms.
 - BA – Both arms affected (a) Impaired reach
(b) Weakness of grip
 - BLA – Both legs and both arms affected
 - OL – One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
 - OA – One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
 - BH – Stiff back and hip (Cannot sit or stoop)
 - 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

(Strike out the category whichever is not applicable)

...Contd.Pg.2

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:

- | | |
|--|----------|
| (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
Medical Superintendent / CMO/ Head of
Hospital (with seal)

* Strike out which is not applicable.