

**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 :

1. 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 (can not 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. 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)

\*strike out whichever is not applicable.