

NAME & ADDRESS FO THE INSTITUTE/ HOSPITAL

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the

1. This is certified that Shri / Smt / Kum _____
son/wife/daughter/ of Shri _____ age _____ sex _____ identification
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
- 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:-

- | | | |
|-------|--------------------------------------------------|--------|
| i. | P-can perform work by manipulating with figures. | 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**