

NAME &amp; ADDRESS OF THE INSTITUTE / HOSPITAL .....

Certificate No..... Date .....

**DISABILITY CERTIFICATE**

This is certified that Smt./Shri/Kum ..... son/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. (a) Impaired reach (b) Weakness of grip  
 (ii) BA-Both arms affected  
 (iii) OL-One leg affected (right or left)  
 (iv) OA-One arm 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. Shri/Kum..... meets the following physical requirement 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**

\*Strike out which is not applicable

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