

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 :

- (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) Alaxic
- (v) OA-One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Alaxic
- (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)

[P.T.O.]

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 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. _____)
Member
Medical Board

Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with seal)

* Strike out which is not applicable
