

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 ofyears.....months*.

3. Percentage of disability is 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.