

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
 - (d) Weakness of grip
 - (e) 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 hit / her duties :-
- | | | |
|--------|---|----------|
| (i) | F-Can perform work by manipulation 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 / Hear of
Hospital (with seal)

*** Strike out which is not applicable**
