

**FORMAT OF CERTIFICATE FOR PERSONS WITH DISABILITIES / PHYSICALLY HANDICAPPED CANDIDATES**

**NAME & ADDRESS OF THE INSTITUTE / HOSPITAL**

Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

**DISABILITY CERTIFICATE**

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) 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.

Affix here recent color Photograph showing the disability duly attested by the chairperson of the Medical Board

**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) 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 which is not applicable.