

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.
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This is certified that Shri/Smt./Km.....Son/wife/daughter of Shri.....age.....Sex.....identification marks(s)is suffering from permanent disability of following category: -

A. Locomotor:

- (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 affect (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)
- (vi) MW-Muscluar 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. Reassessment 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./Km.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.**