

**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.**