

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:**

BL - Both legs affected but not arms.

BA – Both arms affected

- (a) Impaired reach
- (b) Weakness of grip

BLA – Both legs and both arms affected

OL – One leg affected (right or left)

- (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic

OA – One arm affected

- (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic

BH – Stiff back and hip (Cannot sit or stoop)

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 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 figures. | 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  
Medical Superintendent / CMO/ Head of  
Hospital (with seal)

\* Strike out which is not applicable.