

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

(Strike out the category whichever is not applicable)

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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  
Medical Superintendent / CMO/ Head of  
Hospital (with seal)

\* Strike out which is not applicable.