Format of the Disability Certificate

Name and 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 Shir/Smt/Km. ___________ 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.

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.___________)   (Dr._____________)   (Dr.__________)
   Member             Member                    Member
   Medical Board      Medical Board             Medical Board

   Countersigned by the Medical
   Superintendent/CMO/
   Head of Hospital (with seal)

*Strike out which is not applicable