

**FORMAT OF CERTIFICATE FOR PERSONS WITH DISABILITIES / PHYSICALLY HANDICAPPED CANDIDATES
NAME & ADDRESS OF THE INSTITUTE / HOSPITAL**

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

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:

- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| (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. | |

Affix here recent color
Photograph showing
the disability duly
attested by the
chairperson of the
Medical Board

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, Medical Board

Member, Medical Board

Chairperson, Medical Board

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

*Strike out which is not applicable.