

**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:**

- (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. Shri / 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 form work by standing                  | Yes / No |
| (viii) W-can perform work by walking                | Yes / No |
| (ix) SE-can perform work be 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 / CM / Head  
of Hospital (with seal)

\* Strike out which is not applicable.