

Recent photograph of the candidate showing the disability duly attested By the Chairperson of The Medical Board
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 (Name and Address of the institute/Hospital)

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

1. This is certified that Shri/Smt/Kumari _____ Son/Wife/Daughter of
 _____ age _____ Sex _____ Identification Mark (s)
 _____ is suffering from permanent disability of following category.

- (a) **Locomotor of 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) PD – Partially deaf.
- (c) **Hearing impairment:** - (i) D - Deaf.
(ii) PD – Partially Deaf.
- (d) Autism intellectual disability, specific learning disability & mental illness.
- (e) Multiple disabilities from amongst persons under clauses (a) to (d) including deaf – blindness.

2. This condition is progressive / non-progressive/likely to improve/not likely to improve. Re-assessment of the 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: -

- | | | |
|-----|---|-----------|
| (a) | F-can perform work by manipulating with fingers | -Yes / No |
| (b) | PP-can perform work by pulling and pushing | -Yes / No |
| (c) | L-can perform work by lifting | -Yes / No |
| (d) | KC-can perform work by kneeling and crouching | -Yes / No |
| (e) | B-can perform work by bending | -Yes / No |
| (f) | S-can perform work by sitting | -Yes / No |
| (g) | ST-can perform work by standing | -Yes / No |
| (h) | W-can perform work by walking | -Yes / No |
| (j) | SE-can perform work by seeing | -Yes / No |
| (k) | H-can perform work by hearing and speaking | -Yes / No |
| (l) | RW-can perform work by reading and writing | -Yes / No |

(Dr _____)

Member
Medical Board

(Dr _____) (Dr _____)

Member
Medical Board

Member
Medical Board

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

 * strike out which is not applicable