

**FORM OF CERTIFICATES TO BE PRODUCED BY PERSON WITH
DISABILITY IN SUPPORT OF HIS CLAIM**

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

Recent Photograph of the
Candidate showing the
Disability duly attested by
The Chairpersons 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 are affected but not arms.
- ii) BA-Both arms are affected
 - a) Impaired reach
 - b) Weakness of grip
- iii) BLA-Both legs and both arms are 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 stop)
- vii) MW- Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- i) B-Blind
- ii) PB-Partially Blind

C. Hearing impartment:

- 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 requirement 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.
- iv) KC - can perform work by Kneeling and couching. Yes/No
- v) B - can perform work by bending.
- vi) S - can perform work by sitting.
- vii) ST - can perform work by standing.
- viii) W - can perform work by walking.
- ix) SE - can perform work by seeing.
- x) H - can perform work by hearing/ speaking. Yes/No
- xi) R W - 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. CMO/ Head of
Hospital (with seal)

* Strike out which is not applicable.