

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____ Date _____

**DISABILITY CERTIFICATE**

1. 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. Locomotors or cerebral palsy :
- | | | |
|-------|--|--|
| (i) | BL-Both legs affected by 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 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 _____)

Member
Medical Board

(Dr _____)

Member
Medical Board

(Dr _____)

Member
Medical Board

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