

Name and Address of the Medical Authority issuing the Certificate

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

Recent Photograph
of the candidate
showing the
disability duly
attested by the
Chairperson of the
Medical Board.

This is to certify that Shri/Smt/Kum _____
son/wife/daughter of Shri _____ Date of Birth (DD/MM/YYYY)
_____ Age _____ years, male/female _____ 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. | |
| | (a) Impaired reach |
| (iv) OL-One leg affected (right or left) | (b) Weakness of grip |
| | (c) Ataxic |
| | (a) Impaired reach |
| (v) OA-One arm affected | (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. Sh./Smt./Kum_____ meets the following physical requirements for discharge of his /her duties.

5.

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_____)
Chairperson
Medical Board

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

*Strike out which is not applicable.