## Name and Address of the Medical Authority issuing the Certificate

| Certificate No   |                                  |               |                                 | Date:  |
|--|----------------------------------|---------------|---------------------------------|--|
|  | D.G. 1. D.J.                     |               |                                 |  |
|  | DISABIL                          | ITY CERT      | <u>IFICATE</u>                  |  |
|  |                                  |               |                                 | Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board. |
| son/wife/daughter of Shri  | -                                |               | Date of l                       |  |
| Age  |                                  |               |                                 |  |
| mark(s)  |                                  | is sui        | iering irom pe                  | imanent disability of  |
| i) BL-Both legs affected ii) BA-Both arms affect  (iii) BLA Both legs and  | l but not a                      |               | (a) Impaired ro<br>(b) Weakness |  |
| <ul><li>(iii) BLA-Both legs and affected.</li><li>(iv) OL-One leg affected</li></ul>   |                                  |               | (a) Impaired re<br>(b) Weakness |  |
| (v) OA-One arm affecte (vi) BH-Stiff back and l  | (c) Ataxic<br>(a) Impaired reach |               |                                 |  |
| (B) Blindness or Low Visio   |                                  | i iiiiitea pi | y sicar cildarair               |  |
| (i) B-Blind<br>(ii) PB-Partially   | Blind                            |               |                                 |  |
| (C) Hearing impairment:  (i) D-Deaf  (ii) PD-Partially  (Delete the category where the ca |                                  | s not applic  | eable)                          |  |

| 2.           | This condition is progressive / non-prolikely to improve. Re-assessment of the recommended after a period of | is case is not recommended / is   |
|--------------|--|---|
| 3.           | Percentage of disability in his/her case   | is percent.   |
| 4.           | Sh./Smt./Kumrequirements for discharge of his /her   | _ meets the following physical duties.                                      |
| 5.           | erform work by manipulating with finger  | rs Yes/No   |
|              |  |   |
| 11) PP-can   | perform work by pulling and pushing  | Yes/No  |
| iii) L-can p | perform work by lifting  | Yes/No  |
| iv) KC-car   | perform work by kneeling and crouching   | ng Yes/No   |
| v) B-can     | perform work by bending  | Yes/No  |
| vi) S-can p  | perform work by sitting  | Yes/No  |
| vii) ST-car  | n perform work by standing   | Yes/No  |
| viii) W-car  | n perform work by walking.   | Yes/No  |
| ix) SE-can   | perform work by seeing   | Yes/No  |
| x) H-can p   | perform work by hearing/speaking   | Yes/No  |
| xi) RW-car   | n perform work by reading and writing  | Yes/No  |
| (Dr<br>Me    | ) (Dr<br>Member Member<br>edical Board Medical Board   | ) (Dr) Chairperson d Medical Board  |
| *Stril       | Με<br>ke out which is not applicable.  | Countersigned by the edical Superintendent/CMO/Head of Hospital (with seal) |