

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

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 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) 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 :-

- (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. _____) (Dr. _____) (Dr. _____)
Member, Medical Board Member, Medical Board Chairperson, Medical Board

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

*Strike out which is not applicable.

Affix here recent attested Photograph Showing the disability duly attested by the chairperson of the Medical Board