

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL:

Affix Pass port size
photograph here

Certificate No. _____ Date: _____

DISABILITY CERTIFICATE

This is certified that Shri/Smt/Kum _____ son/wife/daughter of
Shri _____ age _____ sex _____ identification marks (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.*

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. 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
- *Strike out which is not applicable.

(Dr. _____)	(Dr. _____)	(Dr. _____)
Reg No.	Reg No.	Reg No.
Member	Member	Chairperson
Medical Board	Medical Board	Medical Board

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

Recent attested
 photograph showing
 the disability affixed here.

Medical authority competent to issue such a certificate in the district of the applicant's residence/ the concerned medical authority in a government hospital where he/she may be undergoing or may have undergone treatment in connection with his/her disability