

**FORMAT OF CERTIFICATE FOR PERSONS WITH DISABILITIES / PHYSICALLY HANDICAPPED CANDIDATES  
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.

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

**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.