

Annexure-C

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____

Date _____

DISABILITY CERTIFICATE

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

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. Shri / 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 form work by standing | Yes / No |
| (viii) W-can perform work by walking | Yes / No |
| (ix) SE-can perform work be 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 / CM / Head of
Hospital (with seal)

* **Strike out which is not applicable.**