

**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 WHICH EVER 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.