

**THE FORM OF CERTIFICATE TO BE PRODUCED BY PHYSICALLY HANDICAPPED  
CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF  
INDIA.**

**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)

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.

Percentage of disability in his/her case is \_\_\_\_\_ percent.

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 Siting.                    | 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. \_\_\_\_\_)  
Member  
Medical Board

(Dr. \_\_\_\_\_)  
Member  
Medical Board

(Dr. \_\_\_\_\_)  
Member  
Medical Board

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

\* Strike out whichever is not applicable.