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 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  Member  Member
Medical Board  Medical Board  Medical Board

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

* Strike out whichever is not applicable.