

**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.