**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:**

1. BL – Both legs affected but not arms
2. BA – Both arms affected (a) Impaired reach

(b) Weakness of grip

1. BLA – Both legs and both arms affected
2. OL – One leg affected (right or left) (a) Impaired reach

(b) Weakness of grip

(c) Ataxic

1. OA – One arm affected (a) Impaired reach

(b) Weakness of grip

(c) Ataxic

1. BH – Stiff back and hips (cannot sit or stoop)
2. MW – Muscular weakness and limited physical endurance

**B. Blindness or Low Vision:**

1. B – Blind
2. PB – Partially blind

**C. Hearing impairment:**

1. D – Deaf
2. 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:

1. F–Can perform work by manipulating with fingers. Yes/No
2. PP–Can perform work by pulling and pushing. Yes/No
3. L–Can perform work by lifting. Yes/No
4. KC–Can perform work by kneeling and crouching. Yes/No
5. B–Can perform work by bending. Yes/No
6. S–Can perform work by Siting. Yes/No
7. ST–Can perform work by standing. Yes/No
8. W–Can perform work by walking. Yes/No
9. SE–Can perform work by seeing. Yes/No
10. H–Can perform work by hearing/speaking. Yes/No
11. RW–Can perform work by reading and writing. Yes/No

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| (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.