

ANNEXURE I

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)
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 _____ month.*
3. Percentage of disability in his/her case ispercent.
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 Chairman Medical Board

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