

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. \_\_\_\_\_

Date : \_\_\_\_\_

**DISABILITY CERTIFICATE**



This is certified that Shri / Smt. /Kum \_\_\_\_\_  
son/wife/daughter of Shri \_\_\_\_\_ age \_\_\_\_\_ is  
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 \_\_\_\_\_ months.\*

3. Percentage of disability in his/her case is ..... percent.

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 \_\_\_\_\_)  
Member  
Medical Board

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

(Dr \_\_\_\_\_)  
Chairperson  
Medical Board

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

\* Strike out which is not applicable.