

**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 marks (s) \_\_\_\_\_ is suffering  
from permanent disability of following category:

A. Locomotors or cerebral palsy:

- (i) BA-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
- (v) BH-Stiff back and hips (Cannot sit or stoop)
- (vi) NW-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) Ph-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.\*

- 1. Percentage of disability in his/her case is.....percent.
- 2. Sh./Smt./Kum.....meet the following physical requirement for discharge of his/her duties:--

- 3.
  - (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 waking. 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.**