

ANNEXURE

Name & Address of the Institute/Hospital

Certificate No. _____ Date: _____

DISABILITY CERTIFICATE

Affix Passport Photo

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:

Locomotor or cerebral palsy:

BL – Both legs affected but not arms.

BA – Both arms affected

- (a) Impaired reach
- (b) Weakness of grip

OL – One leg affected (right or left)

- (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic

OA – One arm affected

- (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic

BH- Stiff back and hip (cannot sit or stoop)

MW – Muscular weakness and limited physical endurance.

2. This condition is progressive/non/progressive/likely to improve/not likely to improve.
Reassessment of this case is not recommended/is recommended after a period of _____
years _____ months.*

3. Percentage of disability in her/her case is _____ per cent.

4. Shri/Smt/Kum _____meets the following physical requirement 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._____)
Chairman
Medical Board

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

*Strike out which is not applicable.