<div align="center">**FORMAT OF DISABILITY CERTIFICATE**</div>

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL :

Certificate No.   Date :

<div align="center">**DISABILITY CERTIIFCATE**</div>

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 :

1.
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 (can not 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 is his/her case is …. percent.
4. Shri/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	Member	Chairperson
Medical Board	Medical Board	Medical Board

<div align="right">Countersigned by the
Medical Superintendent/CMO/Head of Hospital (with seal)</div>

*strike out whichever is not applicable.