

**DISABILITY CERTIFICATE**

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

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

**NAME OF THE INSTITUTE/HOSPITAL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board
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This is to certify that Shri/Smt./Kum. \_\_\_\_\_ son/wife/daughter of  
Shri..... has appeared before us on \_\_\_\_\_.

- a) Age .....
- b) Sex .....
- c) Identification mark(s) 1. \_\_\_\_\_  
2. \_\_\_\_\_

We observe that he/she is suffering from permanent disability of following category:

**A. Loco motor 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.

Reassessment 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. Shri/Smt./Kum. .... meets the following physical requirements for discharge of his/her duties:—

Sl. No	Performance by	Description	Performance ability
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)