

**FORM OF THE CERTIFICATE TO BE PRODUCED BY  
PERSONS WITH DISABILITIES**

**DISABILITY CERTIFICATE**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL:

Affix passport size  
photo here

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

1. 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. 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. Sh./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

\*Strike out which is not applicable.

(Dr. \_\_\_\_\_)(Dr. \_\_\_\_\_) (Dr. \_\_\_\_\_)

Reg No.

Reg No.

Reg No.

Member

Member

Chairperson

Medical Board

Medical Board

Medical Board

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

Recent attested photograph  
showing the disability affixed here.