

**(Format of certificate to be produced by Persons with Disabilities applying for appointment to posts under the Government of India)**

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. .... Date .....

**DISABILITY CERTIFICATE**

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:-

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

Affix here recent attested photograph showing the disability duly attested by the chairperson of the Medical Board

(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:-

- (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

(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.