

FORMAT OF CERTIFICATE FOR PHYSICALLY HANDICAPPED CANDIDATES

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.

Affix here recent attested Photograph Showing the disability duly attested by the chairperson of the Medical Board

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 in his/her case is percent.

4. Sh./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. _____)
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.

(According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central and the State Government. The State government may constitute a Medical Board consisting of at least three members out of which, at least one shall be a specialist in the particular field for assessing locomotors/visual including low vision / hearing and speech disability, mental retardation and leprosy cured, as the case may be).

The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as 'permanent'.