

**FORMAT OF CERTIFICATE TO BE PRODUCED BY PERSONS WITH DISABILITY
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

Name and address of the Institute or Hospital

Certificate No.....

Date.....

This is certified that Shri / Smt / Kum _____ son /
wife / daughter of Shri _____ age _____
_____ Identification marks (s) _____ is suffering
from permanent disability of following category:

Recent photograph
of the candidate
showing the
disability duly
attested by the
Chairperson of the
medical board

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 arms affected
 - (a) OL – One leg affected (right or left)
 - (b) Impaired reach
 - (c) Weakness of grip
 - (d) Ataxic
- (iv) OA – One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) BH – Stiff back and hips (cannot sit or stoop)
- (vi) 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 recommended / not recommended after period ofyears Months.

3. Percentage of disability in his / her case is Percent.

4. Shri. / Smt. / Kum meets the following physical requirements 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

**Counter signed by
Medical Superintendent / CMO / HoD of
Hospital (with seal)**