**ANNEXURE-I**

NAME & ADDRESS FO THE INSTITUTE/ HOSPITAL

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

**DISABILITY CERTIFICATE**

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board.

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:
2. Locomotor or cerebral palsy:
3. BL-Both legs affected but not arms.
4. BA-Both arms affected
5. Impaired reach
6. Weakness of grip
7. BLA-Both legs and both arms affected
8. OL-One leg affected (right or left)
9. Impaired reach
10. Weakness of grip
11. Ataxic
12. OA-One arm affected
13. Impaired reach
14. Weakness of grip
15. Ataxic
16. BH-Stiff back and hips (Cannot sit or stoop)
17. MW-Muscular weakness and limited physical endurance.
18. Blindness or Low Vision:
19. B-Blind
20. PB-Partially Blind
21. Hearing impairment:
22. D-Deaf
23. PD-Partially Deaf

(Delete the category whichever is not applicable)

1. 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.
2. Percentage of disability in his/her case is \_\_\_\_\_\_ percent.
3. Sh./Smt./Kum.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets the following physical requirements for discharge of his/her duties:-
4. P-can perform work by manipulating with fingures. Yes/No
5. PP-can perform work by pulling and pushing. Yes/No
6. L-can perform work by lifting. Yes/No
7. KC-can perform work by kneeling and crouching. Yes/No
8. B-can perform work by bending Yes/No
9. S-can perform work by sitting Yes/No
10. ST-can perform work by standing Yes/No
11. W-can perform work by walking. Yes/No
12. SE-can perform work by seeing. Yes/No
13. H-can perform work by hearing/speaking. Yes/No
14. RW-can perform work by reading and writing Yes/No

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

 Member Member Chairperson

 Medical Board Medical Board Medical Board

Countersigned by the

Medical Superintendent / CMO /

Head of Hospital (with seal)

* **Strike out which is not applicable**