The form of certificate to be produced by PwD candidates applying for appointment to posts under the Government of India

1. NAME & ADDRESS OF 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.

This is to certify that Shri/Smt/Kumari* son/daughter* of ____________________________ Age ___ years, Registration No. ____________________________ is a case of Locomotor disability/ Cerebral Palsy/ Blindness/ Low vision/ Hearing impairment/ Other disability* and has been suffering from degree of disability not less than ________ % (______________________________).

A. Locomotors 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) QA—One arm affected (right or left) (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

B. 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. 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. Yes/No

(Dr) Member Medical Board  (Dr) Member Medical Board  (Dr) Member Medical Board

Countersigned by the Medical Superintendent/CMO/Head of Hospital (with seal)
Strike out whichever is not applicable.