

Annexure-3

DISABILITY CERTIFICATE

Annexure-I to OM dated 29-12-2005

NAME AND ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____

Date _____

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

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
- (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. 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 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.....)
Chairman
Medical Board

(Seal)

Counter Signed by
Medical Superintendent /
CMO / Head of Hospital