परिशिष्ट–5

The form of certificate to be produced by 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. Locomotoror 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 orLow 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 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—Canperformworkbyreadingandwriting.	Yes/No

(Dr.....)	(Dr. .....)	(Dr. .....)
Member	Member	Chairman
Medical Board	Medical Board	Medical Board

Countersigned by the Medical Superintendent/CMO/Head of Hospital (With seal)

NOTE* Strike out which is not applicable