

**APPLICATION FORM FOR DISABILITY CERTIFICATE
ANNEXURE-A**

NAME & ADDRESS OF THE INSTITUTE/ HOSPITAL

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

Certificate No.

Date

This is certified that Shri/ Smti/ Kum

Son/ Wife/ Daughter of Shri

age

Sex Male Female Identification mark(s)

is suffering from permanent disability of following category:

Delete A. Locomotor/ 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 leg 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

Delete B. Blindness or Low Vision (i) B- Blind

(ii) PB- Partially Blind

Delete 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/ Smti/ 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) CK- 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

Signature

Signature

Signature

(Dr

)(Dr

)(Dr

)

Member
Medical Board

Member
Medical Board

Member
Medical Board

ANNEXURE-B

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/ HOSPITAL issuing the certificate

Certificate No.

Date

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/ Smt/ Kum

Son/ Wife/ Daughter of Shri

Age years old Male/ Female, Registration No.

is a case of He /She is

physically disabled visual disabled speech & hearing disabled and has %

(percent) permanent (physical impairment

visual impairment speech & hearing impairment) in relation to his/her

Note:-

1. This condition is progressive/non-progressive/likely to improve/ not likely to improve

2. Re-assessment is not recommended/is recommended after a period of months/years.

***Strike out which is not applicable**

Sd/-(DOCTOR)
Seal

Sd/-(DOCTOR)
Seal

Sd/-(DOCTOR)
Seal

Signature/Thumb impression
Of the patient

Countersigned by the

Medical Superintendent/ CMO/

Head of Hospital (with seal)

Recent Attested
Photograph
showing
the disability
affixed here.