

FORM-II
DISABILITY CERTIFICATE

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 _____ with identification marks _____ is suffering from permanent disability(40% or more) of following category:-

A. Locomotors of 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) BH-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 of Low Vision:-

D- Deaf

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_____ Percentage.

Sh/Smt/Kum_____meets the following physical requirement 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 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_____))
Chairperson
Medical Board

Countersigned by the

**Medical Superintendent/CMO/
Head of Hospital (with**

seal) *Strike out which is not applicable.