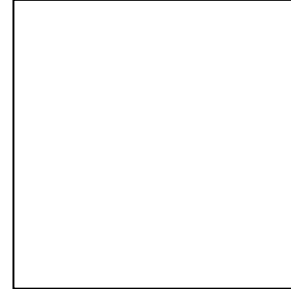


**The form of certificate to be produced by PwD candidates applying for  
appointment to posts under the Government of India**

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.