

**PROFORMA OF DISABILITY CERTIFICATE TO BE PRODUCED BY PHYSICAL  
HANDICAPPED CANDIDATES  
(Ministry of Personnel and Public Grievances and Pension DOPT, New Delhi  
OM No. 36035/3/2004 Estt (Res) dated 29.12.2005)**

**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.
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This is certified that Shri/Smt/Kum \_\_\_\_\_  
Wife/Daughter/Son 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 by standing.                | Yes/No |
| (viii) W - can perform work by walking.                | Yes/No |
| (ix) SE- can perform work by seeking.                  | 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.**