Annexure-II[B]

THE FORM OFCERTIFICATE TOBEPRODUCEDBYPHYSICALLY HANDICAPPED CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

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 certified that Shri/Smt./Kum._____son/wife/daughter 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–Onelegaffected(rightorleft)	(a)	Impaired reach
		(b)	Weakness of grip
		(c)	Ataxic
(v)	OA – One arm affected	(a)	Impaired reach
		(b)	Weakness of grip
		(c)	Ataxic
(i)	BH – Stiff back and hips (cannot sit orstoop)		
(ii)	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)

This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment ofthiscaseis notrecommended/isrecommendedafteraperiodof_____years_____months. Percentage of disability in his/her case is _____percent.

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 Siting.	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._____) (Dr._____) (Dr._____)

Member Member Member
Medical Board Medical Board Medical Board

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

* Strike out whichever is not applicable.